

Outreach Community and Residential Services

Outreach Community & Residential Services - 162 Bury Old Road

Inspection report

162 Bury Old Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection which took place on 11 January 2016. We had previously carried out an inspection in March 2014 when we found the service to be meeting all the regulations we reviewed.

Outreach Community and Residential Services – 162 Bury Old Road is a care home registered to provide

accommodation and personal care for up to seven people who have a learning disability or mental health needs. On the day of our inspection four people were living in the service.

The provider had a registered manager in place as required by the conditions of their registration with the

Summary of findings

Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for all the services delivered by the provider. They were therefore supported by a project manager who was responsible for the day to day running of 162 Bury Old Road.

People who used the service told us they felt safe with the staff who supported them. They told us staff were always available to support them in the activities they wished to do. People were enabled to make their own decisions and told us staff always promoted their independence. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Recruitment processes were robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults. People who used the service were involved in the recruitment and training of staff.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

Systems were in place to help ensure the safety and cleanliness of the environment. People who used the service were encouraged to participate in cleaning the home and in regular safety checks.

Staff told us they received the training and support they needed to carry out their role effectively. There were systems in place to track the training staff had completed

and to plan the training required. All the staff we spoke with told us they enjoyed working in the service and felt valued by both the registered manager and project manager. Staff felt able to raise any issues of concern in supervision, staff meetings and the staff forum organised by the provider.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005. We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and support.

People who used the service had health support plans in place. Records we reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff to maintain a healthy diet as far as possible.

Care records we looked at showed people who used the service had been involved in developing and reviewing their care and support plans. Support plans included good information about the way people wanted their support to be provided and their goals for the future. We saw that staff used creative and innovative methods to support people to achieve their dreams as far as it was possible to do so.

All the people we spoke with told us they felt able to raise any concerns with the project manager or registered manager and were confident they would be listened to. We noted systems were in place to encourage people who used the service to provide feedback on the care and support they received.

The service was based on a set of values which were clearly understood and implemented by staff. Quality assurance systems in place were used to drive forward improvements in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service told us they felt safe with staff who supported them. People's care records included information about any risks people might experience and the support strategies in place to manage these risks.

Staff had been safely recruited and there were enough staff to meet people's needs. Staff had received training in how to protect people who used the service from the risk of abuse.

Systems were in place to help ensure the safe administration of medicines.

Good



Is the service effective?

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices.

People received the support they needed to help ensure their health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People who used the service told us staff were kind and caring in their approach. During the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing person-centred care and promoting people's independence.

Good



Is the service responsive?

The service was responsive.

People received flexible and personalised support. Staff used creative ways of providing the support and encouragement people who used the service needed to progress towards achieving their dreams, aspirations and goals.

People who used the service were encouraged and supported to engage with services and events outside of the service.

People were encouraged to provide feedback on the service they received. Any complaints were taken seriously and used to continue to drive forward improvements in the service.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of the service by a project manager. All the people we spoke with during the inspection told us the managers in the service were understanding and approachable.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and managers.

The service was based on a set of values which were clearly understood and implemented by staff. Quality assurance systems in place were used to drive forward improvements in the service.

Outreach Community & Residential Services - 162 Bury Old Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 72 hours' notice of our inspection because the location was a small care home for adults with learning disabilities or mental health needs who were often out during the day; we needed to be sure that someone would be in. Due to the small size of the service the inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service including the last inspection report and notifications the provider had made to us. We also spoke with the local authority contract monitoring team who gave us positive feedback regarding the service.

During the inspection we spoke with two of the people who used the service. We also spoke with the registered manager, the project manager, a senior support worker and two support workers. We looked at the care and medication records for the four people who were using the service. We also looked at a range of records relating to how the service was managed; these included three staff personnel files, staff training records and policies and procedures.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe and had no concerns about the care and support they received. One person told us, “I like living here. It’s better than where I have been before.”

Staff told us, and records confirmed, they had received training in safeguarding adults. All the staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues and were certain they would be listened to by the project manager and registered manager. One staff member told us, “We are a good staff team. We will challenge each other if necessary.”

We noted that an ‘easy read’ guide to safeguarding adults was on display in the dining area of the service. This should help people who used the service to recognise potential signs of abuse and inform them of the action they could take to protect themselves.

We looked at three staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. We saw that any gaps in a person’s employment history had been discussed and recorded at interview.

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that systems were in place to review any risks in relation to applicant’s previous convictions to determine if they were suitable to work in the service.

One person who used the service told us they were involved in the recruitment and training of staff. They commented, “I have a say in who is appointed.” We saw that all staff in the service had completed one page profiles which recorded their background and interests. The project manager told us this information was used to help people who used the service make choices about who they wished to support them in particular tasks or activities.

People who used the service told us there were always enough staff available to support them to participate in any activities they wanted to do. One person commented, “There are always staff to go out with. They will always ask if there is anything I want to do.” All the staff we spoke with confirmed there were always sufficient numbers of staff available to provide people with the support they wanted. One staff member commented, “There are absolutely enough staff on to meet people’s needs. People also have the choice about who they want to support them.”

Care records we reviewed included information about the risks people who used the service might experience and the support strategies staff should use to help manage these risks. We saw that risk assessments had been regularly reviewed and updated when people’s need changed.

Staff we spoke with told us they were aware of how to manage risks in relation to cross infection and that they had access to appropriate personal protective equipment. They told us they would always encourage people who used the service to keep the environment clean. This was confirmed by the cleaning checks we saw which were in place throughout the service. One person who used the service told us, “Staff support me to keep my room clean.”

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we spoke with told us they had received training in the safe administration of medicines.

We reviewed the medication administration record (MAR) charts for all the people who used the service and noted these were all fully completed. We observed staff undertake the shift handover and noted that the stock of medicines held for each person was checked for accuracy. This helped to ensure that people received their medicines as prescribed.

Records we reviewed showed the project manager was undertaking regular checks on the competence of staff to administer medicines safely. We saw that where necessary staff were offered additional supervision and support until both they and the project manager were confident in their ability to safely administer medicines.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers’ instructions. This

Is the service safe?

helped to ensure the safety and well-being of everybody living, working and visiting the home. Records we reviewed showed people who used the service were encouraged to participate in the regular health and safety checks which took place.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people receive the support they require in the

event of an emergency. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

We saw that staff representatives from each service delivered by the provider attended regular health and safety meetings. These meetings were used to discuss any changes to the health and safety policy and procedure as well as any service specific issues. These meetings helped to ensure that appropriate action was taken by the provider to protect people using the service and staff by address any health and safety concerns which were brought to their attention.

Is the service effective?

Our findings

All the people we spoke with who used the service told us staff knew them well and had the skills they wanted from support workers. People who used the service told us they were able to make decisions about the support they received. One person commented, "I do different things. I make a choice about what I want to do each day."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection all the people who used the service were assessed as having the capacity to make their own decisions in relation to the care and support they required. The registered manager told us, "Everyone has the capacity to make their own decision; even unwise ones." This meant there was no one subject to DoLS in the service.

All the staff we spoke with told us they would always support people who used the service to make their own choices and decisions. One staff member commented, "I always ask people what they like and want to do." Another staff member told us they would always ask people what they wanted to do each day.

All the staff we spoke with told us they had received an induction when they started work in the service. They told us this involved spending time in all the services delivered by the provider as well as reading policies and procedures. New staff also attended mandatory training including equality and diversity, fire safety, food hygiene, safeguarding adults and record keeping. One staff member told us, "I did two weeks training. I then spent time in each

of the services which involved finding out people's likes and dislikes by reading care files and person centred plans." They told us they considered the induction had prepared them fully for their role in the service.

We saw that a formal record was maintained of the induction programme for each new staff member. This included feedback from other staff and people who used the service about the new staff member's performance and values demonstrated during the induction process.

Staff we spoke with told us they received the training, support and supervision they required to be able to deliver effective care. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that supervision sessions were used to discuss policies and procedures, the values of the organisation, training and development needs and any ideas staff might have to improve the service.

We asked the project manager about how people's nutritional needs were monitored and met in the service. They told us people who used the service were supported to do their own shopping and cook their own meals. Each person prepared their own weekly meal plan. Staff told us they would always encourage people to make health choices in relation to food. One staff member told us, "We promote healthy eating options but at the end of the day people can make their own choices." Another staff member told us, "It's our responsibility to advise but we can't deprive people of the things they want to eat."

Records we reviewed showed staff recorded all the meals chosen by each individual, any suggestions made by staff and the discussion with people who used the service regarding the final meal choices they had made; this discussion included the positives and negatives of each meal choice. This helped as a reminder to people who used the service about healthy eating. We also saw that people were weighed regularly and that staff took appropriate action such as making a referral to a dietician where additional support or advice was needed. One person who used the service told us, "I choose to go to [name of supermarket] to do my shopping. I have a menu plan and staff help me to get what I want to buy."

During this inspection we noted the kitchen was in the process of being refitted by external contractors. People

Is the service effective?

who used the service told us they had chosen the colours for the worktops, kitchen units and tiles. This demonstrated that staff had taken into account people's preferences when arranging for the premises to be refurbished.

We noted people who used the service had health need support plans in place. These are documents which record

the support an individual needs to stay healthy or when accessing healthcare services. We saw that these had been reviewed regularly with people to ensure they remained up to date. One person who used the service told us staff would support them to attend health appointments if they wanted them to.

Is the service caring?

Our findings

People who used the service spoke positively about the staff who supported them. One person told us, “Staff are caring and kind. I get on with them very well. They always respect my dignity and privacy.” This person also told us, “Staff listen to me if I have a problem and try to understand me. We talk about things.”

During this inspection we observed caring and respectful interactions between staff and people who used the service. We noted that people’s privacy was respected by each individual having a key to their own room. Staff also respected people’s privacy by not entering their rooms until invited to do so.

Staff told us they would always promote the independence of people who used the service. Care records included information about each individual’s likes and dislikes and the goals they wanted to achieve. One person who used the service told us, “I’ve achieved quite a few of my goals with staff in 2015.”

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. One staff member told us, “I enjoy interacting with people and helping them. We always try to promote people’s independence. As long as people have had a good day then so have I.”

We asked staff what they understood by person centred care. One staff member told us, “It’s concentrating on the individual you are supporting and putting them first. We are definitely able to do that here.” Another staff member commented, “Person-centred care is all about the person. They are in the middle and all their support should revolve around what their wants and needs are.”

Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop caring and meaningful relationships with the staff who supported them.

We asked the project manager how they supported people who used the service to make decisions about the care they wanted at the end of their life. They told us that until recently people who used the service had been reluctant to talk about any end of life wishes. However, the recent sudden death of a person who used the service had meant that the importance of making these decisions was being reconsidered by the individuals in the service. The project manager also told us they recognised that one person who used the service had been particularly affected by the sudden death which had recently occurred in the service. As a result they had explored the possibility of grief counselling for the person. This was good practice and showed the service was committed to supporting people during emotional times.

Is the service responsive?

Our findings

We asked the project manager about the process for introducing people to the service. They told us there was an initial assessment undertaken to help ensure the service was able to meet the individual's needs; a slow process of introduction was then undertaken to enable all parties to get to know each other. The project manager told us that, following any admission, a six week trial period took place to ensure the service was appropriate to the person's needs.

People we spoke with who used the service told us they always received the support they needed and wanted. They told us staff would always help them to pursue their interests, develop their independent living skills and maintain contact with those people important to them.

All the staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to deliver a personalised and responsive service.

All the care records included information about each person's social and family history, their strengths and gifts, how they wanted to be supported, what was important to them and the activities they enjoyed. Each care plan was dictated by the individual who used the service and written on their behalf by their key worker. This is good practice and helps to ensure that staff know exactly how each person wishes to be supported.

Care records included a section titled, 'If I had a magic wand my wishes and dreams would be...' We saw that staff had worked with people who used the service to document the actions individuals would need to take to achieve their dreams and the support they would need from staff. Each wish/dream was given a number and staff helped each person regularly record their progress towards achieving this dream. We saw dreams which individuals had achieved included planning a foreign holiday which two people were due to go on later in the year.

We also saw that staff had not dismissed the dreams individuals had which other people might consider unachievable. This meant staff had been creative in supporting an individual to progress towards their goals of visiting space and Mars. This included supporting the person to make papier maché models of the planets and

hang them from the ceiling their bedroom. They had also encouraged the person to access online information regarding the 'Mars One' mission as well as written and visual information regarding space and the solar system. We spoke with the person who had the dream of visiting Mars. They told us they were pleased and excited by the support staff had given them towards achieving their dreams. This demonstrated that staff involved people in their care so that they felt consulted, empowered, listened to and valued.

We noted that care records had been regularly reviewed and updated. This process involved keyworkers discussing with the people they supported what they had achieved in the previous month. One person who used the service told us, "We go through my care plan. My keyworker does the monthly updates. Everything is up to date; I know exactly what's in it."

Records we reviewed and our conversations with people who used the service showed staff offered flexible support in order to be able to respond to people's needs. We saw that the provider delivered a programme of activities in which people throughout the service were encouraged to participate. In addition staff supported people to use local community resources including leisure centres, arts groups and places of worship. The registered manager told us that staff were able to accommodate any requests people who used the service might make regarding social activities they wished to pursue. This was confirmed by a staff member who told us, "Every day is different here to fit in with what people want to do."

Records we reviewed showed people who used the service were always able to access individual time from staff. This helped ensure people were able to access the emotional support they needed. One person who used the service confirmed, "If I want to talk about anything I just ask for staff. I can have 1-1 time every day."

We observed a staff handover during the inspection. The project manager told us one staff member was always identified as the 'lead shift' person who was responsible for leading the handover. We saw that a formal handover document was completed at each handover meeting. This included a record of the monies and medicines held for each person who used the service. The activities and appointments for each person were also recorded as well

Is the service responsive?

as the names of the staff who would be providing the required support. This helped to demonstrate that the service was responding appropriately to the needs of each individual.

We looked at the systems for managing complaints in the service. We saw that the service user guide contained information regarding the complaints process and was on display in the dining room. We looked at the log of

complaints and saw that people who used the service were encouraged to approach staff with any concerns and that these were recorded and investigated. All the staff we spoke with demonstrated a commitment to encouraging feedback from people who used the service and using this feedback to continuously improve the support people received.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. As they were the registered manager of all the services delivered by the provider, they were supported in the day to day running of 162 Bury Old Road by a project manager.

We saw that the service had developed a mission statement and a set of values which all staff were expected to uphold. These values included the empowerment of people who use the service to make their own decisions; ensuring services are responsive and adaptable to the needs of people and supporting people to achieve their dreams and wishes. The values had also been produced in a pictorial and 'easy read' version so that people who used the service could understand how staff were expected to support them.

Records we reviewed showed that the service's values were always discussed with staff during their induction and supervision sessions. All the staff we spoke with during the inspection demonstrated a commitment to upholding these values when supporting people who used the service.

The registered manager told us the provider had developed both staff and service user forums. These provided the opportunity for people to discuss ideas for improving the service. Records we reviewed showed the most recent staff forum in October 2015 had been used to discuss the values of the service and how staff were expected to demonstrate them during their work.

We asked the registered manager about the key achievement in the service since the last inspection. They told us this was people who used the service were now more involved in the planning and monitoring of the service. They told us that people who used the service had been provided with the training to be able to be part of the quality monitoring visits to all the services delivered by the provider. We were also told that people who used the service were involved in the delivery of training to other service users and staff. This helped to ensure people who used the service were valued and respected.

All the staff we spoke with told us they enjoyed working in the service and found both the registered manager and project manager to be approachable and always available

for advice or support. One staff member commented, "I have really good support from [the project manager]. I will always speak with him if I have any concerns or worries." Another staff member told us, "[The project manager] wants the best for all the service users. He is very easy to talk to. He will always show you how to do something and guide you how to do things better."

Staff we spoke with told us there was a transparent culture in the service and staff were always encouraged to raise any issues they had in staff meetings or in private with either the project manager or the registered manager.

Records we reviewed showed regular staff meetings took place at 162 Bury Old Road. We saw that these meetings were used as a forum to discuss service improvements. We noted that at the meeting in November 2015 it had been suggested by staff that a recipe book should be developed with each individual who used the service. This would include photographs of the meals each person liked and their recipes. The project manager told us they had bought a camera for the service so that this suggestion could be taken forward. This provided evidence that staff suggestions were listened to and acted upon.

We found there were a number of quality assurance systems within the service, including a bi-monthly audit undertaken by the registered manager. This audit included a review of records relating to the medicines people who used the service were prescribed as well as any incidents or accidents which had occurred; the audit also recorded when care and support plans and risk assessments had been reviewed and updated. We saw that an action plan was compiled following the audit in order for the project manager to address any issues identified. We saw that all but one of the actions had been completed since the last audit. The project manager told us they were aware that they still needed to update the infection control audit which they intended to do as a matter of urgency.

Records we reviewed showed the provider undertook an annual satisfaction survey with people who used the service. We looked at the aggregated responses from across all the services delivered by the provider and saw that the majority of responses were very positive. The project manager told us that although the published responses were anonymised, they would always be informed if any of the respondents raised concerns regarding their care and support at 162 Bury Old Road.

Is the service well-led?

Prior to the inspection we checked our records and saw that accidents or incidents that CQC needed to be

informed about had been notified to us by the registered manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.