

Westward Care Limited

Outreach Office

Inspection report

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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 ●

Summary of findings

Overall summary

Outreach Office is a domiciliary care agency. It provides personal care to adults living in their own flats. At the time of this announced inspection of 24 September 2018 there were 16 people who were provided with personal care.

At our last inspection on 1 March 2016, the service was rated Good overall. We found the evidence continued to support the rating of Good overall and improvements had been made in the key question for Safe. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide people with safe care. There were systems in place which were intended to minimise the risks to people, including from abuse and in their daily lives. There were enough care workers to cover people's planned care visits. Recruitment of care workers was done safely. Where people required support with their medicines, these were administered as prescribed. There were infection control systems in place to reduce the risks of cross infection.

People continued to receive an effective service. People were supported by care workers who were trained to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required support with their dietary needs, systems were in place to deliver this. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People continued to receive a caring service. People had positive relationships with the care workers, team leaders and the registered manager. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People continued to receive a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place and complaints were acted upon and used to improve the service.

People continued to receive a well-led service. There was a registered manager in post and they were building links with the local community to improve people's lives. The service used comments from people and incidents in the service to learn from and to drive improvement. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Outreach Office

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 checked 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.

This announced comprehensive inspection was carried out by one inspector on 24 September and 2 October 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with four people who used the service and one relative. We spoke with the registered manager, deputy manager and three care workers. We reviewed three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers.

Is the service safe?

Our findings

At our last inspection of 1 March 2016, the key question Safe was rated Good. At this inspection on 24 September and 2 October 2018, we found the service had sustained the rating of Good.

People told us they felt safe with their care workers. One person said, "At home I didn't feel safe, here I know there is always someone around." Another person told us they and their wife were safe. They said their family are happy because they know they are safe and get what they need.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. Care workers and team leaders said they knew what to do if they suspected a person was being abused or at risk of abuse. People received support from staff who were trained in safeguarding. The registered manager took appropriate action when they had received concerns of abuse although no safeguarding's had been identified for over a year. This included reporting to the appropriate authorities. Any shortfalls were analysed and lessons learnt to ensure future risks were reduced.

Risks to people's safety continued to be managed well. People's care records contained risk assessments which identified how risks were minimised, this included risks associated with mobility, and environmental risks.

People told us their care visits were always completed. One person said, "They come when they are supposed to. Even after that I can buzz them and they will come." The staffing level continued to be appropriate to ensure there were enough care workers to meet people's needs safely. The care workers we spoke with told us there were enough staff to cover people's care visits. The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

People told us they were satisfied with how their care workers supported them with their medicines. One person said, "They always come round and tell me what they (tablets) are." Each person had a medicines risk management document in place which identified the support they required when taking their medicines and measures were in place to reduce any assessed risks. Care workers were trained in the safe management of medicines and their competency was checked by members of the senior team.

There were monitoring systems in place which assisted the registered manager to identify any shortfalls in medicines management. This included monthly audits and checks. Where shortfalls were identified actions were taken, for example, providing further training for care workers.

Care workers and seniors were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons.

Is the service effective?

Our findings

At our last inspection of 1 March 2016, the key question Safe was rated Good. At this inspection of 24 September and 2 October 2018, we found the service had sustained the rating of Good.

People's care needs continued to be assessed. This included their physical, mental and social needs. The registered manager, deputy manager and care workers worked with other professionals involved in people's care to ensure their needs were met in a consistent and effective way. The service had a good relationship with the GP surgery. People's records identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. The records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. There was information in people's records to provide additional guidance to staff, for example, a leaflet on food consistency.

People told us they felt the care workers and team leaders had the skills and knowledge to meet their needs. One person said, "I'm sure they all know what they are doing." The service continued to have systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported such as dementia and end of life care. Before they started working in the service, care workers were completed an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. New care workers who had not achieved a recognised qualification in care were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to.

Records and discussions with care workers showed they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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 told us the care workers asked for their consent before providing any care. We saw some people who used the service lacked the capacity to make their own decisions. Assessments had been filled in and best interest decisions had been completed on their behalf.

Is the service caring?

Our findings

At our last inspection of 1 March 2016, the key question Safe was rated Good. At this inspection of 24 September and 2 October 2018, we found the service had sustained the rating of Good.

People told us the registered manager, deputy manager and care workers continued to treat them with kindness and respect. One person said, "We have lovely staff, they are brilliant, can't find fault with any of them." Another person commented, "All of them [staff working in the service] are respectful." We observed staff interacting with people and confirmed a positive, respectful environment.

We saw care workers, seniors and the registered manager continued to interact with people in a caring manner. They clearly shared positive relationships. The registered manager, seniors and care workers spoke about people in a compassionate manner. The registered manager and all of the staff we spoke with knew the people they cared for well. This showed people using the service were provided with a consistent service.

Care workers were provided with guidance on how people's rights to dignity and respect were promoted in people's care plans. People told us how their privacy was respected. One person said, "They always knock and wait for me to invite them in."

People were supported to maintain their independence. People's care plans identified the areas of their care they could attend to independently and how this should be promoted and respected. One staff explained how they supported a person using mobility equipment and encouraged their independence when doing so.

People told us the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "We have forums, in fact I think there is one tomorrow, or soon anyway." People's care records identified they continued to be involved throughout their care planning. This included their choices about how they wanted to be cared for and supported, such as their usual routines and their likes and dislikes.

Is the service responsive?

Our findings

At our last inspection of 1 March 2016, the key question Safe was rated Good. At this inspection of 24 September and 2 October 2018, we found the service had sustained the rating of Good.

People and relatives said they were happy with the care and support provided. One person told us about how, since they had started using the service how their life had improved, "I could not have coped at home, the staff really help."

The service continued to ensure people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailored made to their needs and preferences. Care reviews were undertaken regularly with people and relatives, where appropriate, to ensure the service was meeting their needs and preferences. People's daily records included information about the care and support provided each day and their wellbeing.

People told us they knew how to make a complaint and felt it would be addressed. One person said, "If I needed to, I would let them know." There was a complaints procedure in place, each person was provided a copy with their care plan documents. Records of complaints showed they were listened to, addressed and used to improve the service. The only complaint received in 2018 was in June, which was resolved. Staff told us how they spoke with people regularly to ensure that any concerns could be quickly addressed.

Where people were at the end of their life the service provided the care and support they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. We saw documented how the service worked with other professionals, if people required end of life care. A health professional confirmed what we had been told and shared examples of how they and the service had worked together to support people who were nearing the end of their lives. Care workers had access to end of life training.

Is the service well-led?

Our findings

At our last inspection of 1 March 2016, the key question Safe was rated Good. At this inspection of 24 September and 2 October 2018, we found the service had sustained the rating of Good.

There was a registered manager in post. The service having a registered manager in post is a condition of their registration. On the first day of inspection the registered manager was on annual leave so we liaised with the deputy manager. The registered manager was present on the second day of inspection.

The deputy manager told us they felt supported by the registered manager and the directors of the organisation. They told us and records confirmed, that meetings were held with organisational managers and staff members where they shared examples of good practice.

We saw the registered manager had a visible presence in the office and they clearly shared positive relationships with people who used the service. People were complimentary about the registered manager. One person said, "They are really helpful. Anything we need [registered managers name] looks into for us."

The registered manager continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Where shortfalls were identified, timely action was taken to address them. Incidents and accidents, including falls, were analysed and actions taken to reduce future incidents. The service's Provider Information Return (PIR) identified the service understood their roles and responsibilities and plans were in place to continually improve the service.

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. People completed satisfaction surveys to express their views. Where comments from people were received the service continued to address them.

All the staff we spoke with were committed to providing a good quality service to people and they were complimentary about the management team and how they led the service. The registered manager said they were proud of the staff team, who were committed to their role.

The registered manager was working to develop links with the community health care professionals, this included support from the Leeds Community Falls Service. They supplied information on best practice to support people who were at risk of falling. We saw evidence the service worked closely with a local hospice to gain advice from the specialist palliative care service.