

Outreach 3-Way

One to One Plus North

Inspection report

Outreach 3 Way
Ifield Avenue
Crawley
West Sussex
RH11 0JX

Tel: 03003039129
Website: www.outreach3way.org

Date of inspection visit:
29 January 2020
31 January 2020

Date of publication:
17 March 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

One to One plus North is a domiciliary service provided by Outreach 3 Way, which is part of Dimensions. One to One plus North provide personal care to 20 people of varying ages in their own homes or supported living services. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided

People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives. Staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not always support this practice.

Peoples topical prescriptions, such as creams and lotions were not always stored in-line with best practice guidance. Oral medicines were administered, stored and recorded safely. People were supported by staff who had been recruited and trained safely. Staff were knowledgeable about safeguarding and were aware of systems in place to keep people safe from abuse. Accidents and Incidents were recorded and used to improve the safety of the service.

End of life care planning was not always in place for people. Peoples day to day care was personalised to them, care was flexible and driven by people's needs and wishes. People were supported to be a part of their local community and pursue activities that they enjoyed.

Management oversight was not always robust and had not identified concerns identified in this inspection. The registered manager encouraged a culture of continuous learning and improvement and encouraged regular feedback from people and families in order to drive the improvement of the service.

We have made recommendations regarding, how the mental capacity act is implemented and quality assurance of the service.

People were treated with kindness and respect. Staff understood and responded to people's different communication styles and people were supported to make choices regarding their care

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (Published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

One to One Plus North

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 January 2020 and ended on 06 February 2020. We visited the office location on 29 January 2020

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about.

During the inspection

During this inspection, we spoke to two people and two relatives. We spoke with five members of staff, this included care staff, locality managers and the registered manager. We reviewed a range of records, this

included two care plans and medicine records and two staff personnel files. We also reviewed documents relating to the management of the service including quality assurance documents, policies, accidents and incidents and safeguarding documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Topical medicines, such as creams or lotions did not always have a date of opening on them. This meant that there was a risk of people receiving topical medicines which had expired. When we discussed this with the locality manager, they took immediate action to replace undated topical medicine.
- Oral medicines were administered, stored and recorded safely. People received their oral medicines as prescribed.
- Where people were prescribed 'as required' medication, such as medicines for occasional pain-relief, there were protocols in place. The protocols detailed when, why and how this medicine should be given.

Systems and processes to safeguard people from the risk of abuse

- There were clear systems in place to safeguard people from abuse.
- The service had a clear whistleblowing policy in place. Staff were trained in safeguarding and were knowledgeable about recognising and reporting signs of abuse. All staff we spoke with knew how to escalate concerns both internally and to relevant outside agencies.
- People using the service were supported to understand their rights under the human rights act 1998. here was clear and accessible guidance available to people if they felt these were not being upheld.
- The service recorded and referred safeguarding concerns appropriately. Concerns raised were used as learning and actions were consistently taking to reduce people's risk of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments and management plans in place. Risks that had been identified included environmental risks, risk of choking and other risks to people's health, wellbeing and dignity.
- Staff received regular training regarding safe working practices, this included moving and assisting, risk assessment, health and safety awareness and infection control.

Learning lessons when things go wrong

- The service analysed accidents, incidents and near misses. These were reviewed by the locality manager who then reported to the registered manager. Where required, accidents and incidents were referred to external services such as the local authority safeguarding team.
- The registered manager and locality manager reviewed all incidents and accidents monthly, they used this to analyse information for trends or patterns. Where trends were identified, action was taken to reduce people's risk and, if appropriate, learning was shared across the service.

Staffing and recruitment

- Staff were recruited safely. The service completed pre-employment checks to ensure peoples eligibility to work with vulnerable adults. These checks included a full work history, relevant references and a DBS check.

DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

- There were enough staff to meet people's needs. People received consistent support from staff who knew them well.

Preventing and controlling infection

- Staff complied with good infection control principles. Staff knew how to work in a way which reduced the risk of infection or cross-contamination. Staff had access to personal protective equipment, such as gloves and aprons.

- People were supported to live in homes that were clean, food storage was managed in a way that minimised risk of food poisoning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People did not always have mental capacity assessments for restrictive interventions and it was not always clear if decisions made were in their best interest. One person was being supported with their weight management. Their care plan guided staff to offer only healthy choices and read healthy options on menus to the person. There was no documentation to establish whether the person was able to consent to their weight management programme or if this was the least restrictive option.
- Some people had applications to the court of protection to deprive their liberty; however, we saw that this was not always completed. One person's care plan stated their front door should be locked when they were in an anxious state. The service had applied for Deprivation of Liberty Safeguards (DoLS) with the local authority but had not pursued an application to the court of protection. DoLS is not applicable to people living in their own homes.
- Care and support plan's contained details of people's communication needs and methods. This included how people were able to communicate consent to different care interventions and how people preferred to receive information.

We recommend the service consider current guidance on the Mental Capacity act 2005 and take action to update their practice

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to receiving support from the service. This ensured the service was able to meet the needs of the individuals they supported. Information gathered at these assessments were used to create effective support plans for people.

Staff support: induction, training, skills and experience

- New staff had an induction period where they shadowed experienced staff and completed mandatory training. This was followed up by a probationary period where new staff received monthly one to one support. Feedback about new staff was sought from experienced staff and people's relatives.
- People were supported by staff who received ongoing training relevant to their role.
- Staff told us they felt supported by their line manager and could request additional support at any time.
- The service held regular team meetings, these were used to discuss day to day issues as well as larger themes such as safeguarding and mental capacity.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and told us they enjoyed their meals.
- Where people had specialised diets for reasons such as allergies or risk of choking, this was clearly documented in their care plans. Staff were knowledgeable about people's dietary requirements and supported people to manage their diet safely.
- People at risk health complications related to obesity were supported to access dieticians and the GP for health advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access community healthcare services when required. We saw evidence that people had been supported to access physiotherapy, speech and language therapy and the dentist.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the care they received. One person told us they enjoyed spending time with staff saying, "They do things with you - games and things, and they help me with my exercises."
- People were treated respectfully and kindly by the staff who supported them.
- People's care records were written in a person-centred manner. This included notes on practical tasks as well as people's wellbeing each day.

Supporting people to express their views and be involved in making decisions about their care

- Where possible, people and their relatives were encouraged to be a part of their care planning.
- Once written, support plans were not always available to people in an easy read format, this may have restricted people's access to their support plan. People did however, have access to generalised easy read documents which explained different ways that staff might support them.
- People were supported to access advocacy services if required. The service recently held a meeting for families to come in and learn more about access to advocacy. The service promoted advocacy and informed people of their rights and support available.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. We observed people being supported to carry out daily tasks in a way that promoted their independence and dignity.
- Relatives told us their family members were treated with respect.
- People's support plans were written in a way that supported their independence. We saw one person's support plan encouraged staff to remember the person's independence stating, 'never put a ceiling on what you think I may not be able to do, as I will surprise you and myself.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

End of life care and support

- The service did not always have end of life care plans, we saw one person with a life limiting health condition did not have an end of life support plan in place.
- When we discussed this with the registered manager, they told us this is something they would put in place following the inspection. Since this inspection, the registered manager has provided us with evidence of end of life discussions taking place.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's relatives told us their family members were supported in a person-centred way. One relative said "They take care of [person's] needs basically, [person] is their number one priority.
- People's care plans were specific to them and laid out how they would like their needs to be met. These were updated when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care and support plans contained details of peoples' communication needs and methods.
- Information such as the complaints procedure, information on equality and diversity, and duty of candour was available to people in an easy read format. This meant people were able to access information regarding policies at the service.
- People had hospital passports which detailed people's communication preferences, this meant that people's communication needs were shared with other health care professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed regular activities that they did with the support of care staff. One person told us, "I like to go out for the day. I go to see the airplanes, or we go to Shoreham airport." Another person told us, "we go to Crawley sometimes. I like going to the library, I like trying to read."
- The service supported people to be a part of religious communities if this was important to them.

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy and procedure that was available in a variety of accessible

formats. The service had not received any complaints.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality monitoring systems in place, these covered areas such as medication management and care and support records. However, these systems had not identified the areas of concern we identified regarding end of life care, medicines storage and the mental capacity act.
- Following feedback from our inspection, the registered manager took immediate action to address the concerns we identified.
- The Locality managers undertook regular visits to people's homes, this included auditing records, supporting staff and talking to people. They also worked regular care shifts with people. This meant they were able to maintain oversight of staff practices and people's experience.
- There was a clear staffing structure in place, staff were aware of their roles and were confident that they could access appropriate support if needed.

We recommend the service reviews current processes for quality assurance and oversight.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was managed by a registered Manager who also holds the registered manager position for two additional separate services. The registered manager-maintained oversight with assistance of locality managers who held responsibility for support planning, quality assurance, managing accidents and incidents and day to day staff support.
- The registered manager and Locality managers spoke about people respectfully and were passionate about providing care with a person-centred ethos.
- Relatives told us they were happy with the management of the service and regularly received invites to family meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were supported to access their local community, including local provisions such as day centres.

- The service held regular 'Everybody Counts' events. These were day long events attended by staff, people and relatives and were used to discuss service improvement as well as community events, health promotion and local services available to people.
- People, their families and staff were regularly asked for feedback. This was analysed and used to inform action plans for service improvement.

Working in partnership with others

- The service maintained good relationships with other health and social care professionals and worked alongside these to provide safe and effective support for people.
- The registered manager was a member of relevant industry associations. This meant that they were able to access up to date information regarding legislation and best practice guidance.
- The provider shared good practice and learning from incidents across all services. This meant that improvements and learning was shared throughout all services.