

Community Outreach Consultancy Limited

Community Outreach Consultancy Limited 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

Community Outreach Consultancy Limited is a private case management service, providing case management, personal care and support services. The service undertakes assessments, and provides and reviews care and therapeutic services for children and adults who, as a result of medical negligence or personal injury, have suffered brain injury, or other serious medical conditions.

Community Outreach Consultancy Limited case-manages people's care following legal cases for compensation for acquired brain injury. People were often put in touch with the agency through their solicitor. The service could assist people with the legal aspects of litigation and represent them in court as well as helping them manage their care, support and housing needs.

The service coordinates services from an office base in Bisley, Gloucestershire. However, services were provided across a wide geographical area. At the time of this inspection the service provided the regulated activity to one person although the service was supporting 15 other people.

The service had a registered manager, who had been registered with us since 2009. 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 also the registered provider. They were supported by an office administrator.

People were very much involved in designing their own care package with the support of the registered manager. The role of the service was to provide support to the person and their family in navigating the health and social care system. Each package of care was bespoke to the person based on their requirements. Staff worked in partnership with other health professionals and family members to ensure the person's needs were met. Staff were caring and supported people to lead the life they wanted.

The service could assist with the recruitment, training, supervision and appraisals of staff. Not everyone wanted this service. But where this service was being used, it was evident there were robust systems in place. This ensured suitable staff were employed to support people but also that they received an induction and on going training. This included supporting staff with supervisions and team meetings. A relative told us, "It takes the headache out of caring as all the paperwork and administration is done for you". This included offering a payroll service on behalf of the person or their deputies under the court of protection.

The registered manager monitored the quality of the care and provided regular updates to the person's deputy under the court of protection. The service was well led with clear lines of accountability. There was joint working with the person, their family, other health professionals, staff and the deputies of the court of protection.

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.

Risk assessments were in place to reduce the likelihood of a person coming to harm.

Medicines were managed safely.

Staff undertook safeguarding training and understood their responsibilities towards protecting people from abuse.

The service provided bespoke services in respect of the recruitment of staff depending on the requirements of the person and the family. This included offering employment advice or ensuring appropriate recruitment checks were completed to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by the registered manager and the staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

People's care was based around their individual needs and aspirations. Staff were creative in ways of ensuring people led active and fulfilling lives. People were supported to take part in

regular activities. This included keeping in contact with friends and family.

Staff helped people develop their independence and reach their potential.

People were involved in day to day decisions about their care, including who their staff were.

Staff knew how to treat people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Assessments and care plans were extremely person-centred and contained individual, detailed information about their needs and preferences. Care was planned flexibly to provide people with the service they wanted.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People and their relatives were involved in developing and reviewing their plans.

Where complaints had been made these were listened to and addressed.

Is the service well-led?

Good ●

The service was well led.

Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

There were clear lines of accountability and systems to monitor the quality and effectiveness of the service provided. People's views were sought to improve the service.

There were systems in place to support and develop the workforce.

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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 inspection took place on 20 October 2016 and was announced. We gave the service short notice of our visit to the office, because we wanted to make sure the people we needed to speak with were available. The inspection was conducted by one adult social care inspector.

Prior to the inspection, we reviewed all of the information we held about the service, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

All of this information informed our planning of the inspection. We asked the provider to complete a Provider Information Return (PIR) prior to the inspection which they submitted in a timely manner. The PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The service was only providing the regulated activity of personal care to one person.

As part of the inspection we spoke with a relative and a person receiving a service. We also spoke with two team leaders who were responsible for the day to day support for the person to gather their views about the service. We spoke with the registered provider, who was also the registered manager regarding the management of the service. We also sent emails to three solicitors who act as deputies under the court of

protection. You can see what they have told us in the main body of the report.

We reviewed records held by the provider. This included looking at one person's care records, three staff files, policies and procedures and records relating to the quality monitoring of the service.

Is the service safe?

Our findings

The person told us they felt safe when supported by staff. They also told us they would tell someone if they were not happy. A relative told us they were confident the service being provided was safe at all times. Where concerns had been raised about staff practice these had been dealt with immediately by the registered manager. This ensured the service continued to be safe for the person. They told us that when any new activities were planned the registered manager would complete a risk assessment to guide staff on keeping their relative safe. This included holidays and participating in social events making sure staff knew what to do in the event of an emergency.

There were systems in place to ensure people were safe. This included completing risk assessments covering all aspects of daily living including the person's environment. These were completed very much involving the person and their representatives. People were supported to lead the life they wanted to lead and the service supported this. Where people's environments needed alteration to enable them to live more independently this was done involving other professionals such as occupational therapists and architects. Community Outreach Consultancy advised on matters relating to specialist equipment and worked closely with architects where required to ensure people's homes were safe and suitable to meet the needs of the person and their family.

Systems to manage medicines were safe. The registered manager told us they would support people to have a system that worked for them. This included introducing records for recording any medicines given by staff. Where staff worked for another care agency then often their records were used rather than that of Community Outreach Consultancy. Records relating to administered medicines were checked monthly by the registered manager to ensure staff were completing this correctly. The registered manager offered medicine training to staff and checked that staff were competent. A relative told us the staff were more than competent in the administration of medicines and had no concerns about their practice. Staff confirmed they had received medicine training.

We looked at the arrangements that were in place for safeguarding people and managing allegations of abuse. Policies and procedures covering safeguarding, child protection and whistleblowing provided information and guidance to staff. Staff had been trained in safeguarding adults and children. The training records we saw confirmed this.

The registered manager was aware of their role and responsibilities in recognising and reporting abuse. They talked us through an example of where they had taken action to protect a young person from abuse and had reported concerns to the appropriate safeguarding authority. This meant people were protected by staff that were able to recognise, report and act on concerns. Deputies of the court of protection confirmed they were kept informed about any concerns and were provided with regular updates.

Procedures were in place to ensure people were protected when staff supported them with financial matters. We saw where any money or financial transactions had been made, there was a clear and transparent system in place. The registered manager worked closely with the deputies of the court of

protection and provided regular updates to them on expenditure. This ensured people's finances were managed safely and in the person's best interest.

The registered manager told us they were not always responsible for the recruitment of staff and often family or the person would complete the interview process. However, they may advise on the questions and complete any background checks. People's needs would be assessed in relation to staffing requirements based on what the person wanted in conjunction with their deputies of the court of protection. For example, some people chose to use local care agencies whilst others employed their own staff or care was delivered by the family.

Community Outreach Consultancy could act on behalf of their clients in ensuring appropriate recruitment checks were completed and offered this service to people that required this support. We checked three staff files and found that all of the appropriate checks had been completed in respect of obtaining references and checking whether a potential member of staff had a criminal record.

The registered manager told us they could support people or their representatives on employment law and outsourced to a human resources service for advice where required. Some staff were employed directly by the deputies of the court of protection who were responsible for the financial affairs of the person. Community Outreach Consultancy also offered a payroll facility for some clients where required.

Is the service effective?

Our findings

A relative told us that the service was excellent and the staff provided the care and support that was required. They said they were consulted at every step and involved, whilst allowing their relative independence and opportunities to grow. They felt the staff had the skills and knowledge to provide effective care. They stated, "I have no concerns about the staff, in some cases they are probably over qualified for the role". A deputy under the court of protection wrote to us stating, 'She (the registered manager) has great attention to detail and impressive ability to share knowledge and carry out training that benefits each client, she has also assembled competent multi-disciplinary teams of therapists to work with these clients and the quality of life for each client is enhanced by her input'.

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.

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.

A relative told us that their relative was always involved in making decisions about their care and this was very much promoted by the registered manager and the staff. They told us, "He is very much involved in every step, and the staff take the time to explain so information is fully understood". This was confirmed by the person receiving the service. They told us the staff sometimes made suggestions but they chose what to do every day.

Care records demonstrated the service involved external health and social care professionals when the person's needs changed. The records showed that staff had made referrals to a GP, a consultant and various therapists. Records were made of the outcome of the appointment and any progress. The person's relative confirmed they were kept informed of any changes or recommendations that the professionals had made. The registered manager told us, they were involved in sourcing specialist support for people based on their assessed needs and would organise referrals to any specialists such as physiotherapists, speech and language therapists and occupational therapists to aid recovery or improve a person's life.

The staff we spoke with told us they felt fully supported in their role and confirmed that training was regularly refreshed. Staff told us when they requested additional training the registered manager would try and source this for them. An example was given in respect of promoting positive relationships and exploring issues around sexuality.

We saw in staff records that staff had undergone an induction and more recently staff were completing the new 'Care Certificate' induction process. The Care Certificate assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care. Staff confirmed

they had completed this and found it valuable.

The service used a range of training providers and healthcare professionals to meet the training needs of staff. Some of this training was delivered by the registered manager who had completed a 'train the trainer' course and had been assessed as competent to deliver the training. Staff training included topics such as moving and handling, safe handling of medicines, first aid and health and safety. In addition to this, bespoke training was organised based on the needs of the person they were supporting, such as epilepsy training and supporting people with a brain injury. A member of staff confirmed they were up to date with all of their mandatory training. They said not only did the staff attend the training but also the family and the person. They said this was very important as then everyone was aware of their responsibilities and the person then understood why staff did things in a certain way. Another member of staff said the registered manager was very good at signposting to various training courses they could do electronically. They said this was very important to them to keep up to date with current practice and build on their skills and knowledge.

The registered manager told us they could offer support with the supervision of staff but this depended on the requirements of the person. Supervision meetings are where an individual staff member meets with their manager to review their performance and any concerns they may have about their work. Staff we spoke with confirmed they had supervisions every three months with the registered manager and found these very beneficial. One member of staff told us, "I like my supervisions, I am able to talk through any issues and I know they will get resolved". They also told us, they did not have to wait until the next supervision and could always pick up the telephone or go to the office if they wanted to discuss anything.

Care team meetings took place regularly and the person living at home attended these as did their relative. The relative also told us the provider was in regular contact over the telephone to discuss care needs and progress. They told us there was good communication within the care team and there were systems to share information between shifts and with the registered manager.

Whilst there were systems to provide training, supervision, annual appraisals and organise team meetings not everyone using the service used this part of the service. Where this was operating, we saw there were good systems in place to ensure staff had the knowledge, expertise and skills to support the person. The registered manager told us each person's service was bespoke to them and their requirements.

Is the service caring?

Our findings

The registered manager was very passionate about the service that she was providing and spoke positively about the people she supported. The ethos was very much about getting the best for each person and enabling them to lead the life they wanted. This came across in their detailed description of people's needs and what had been done to support them. They were able to give detailed examples of how they had supported people to regain independence and tailored people's care to suit their preferences. This was also evident from the detail we saw in the care records.

For example for one person it was about supporting them to have a relationship with their child, liaising with other professionals including social workers and the child's teachers from the school. From talking with the registered manager it was evident that people using the service, whether that was a child or an adult they were very much involved in the planning of their care. A relative told us the registered manager involved them and the person receiving a service at each step of the way, and the service was very much driven by the person and what they wanted.

Professionals told us sometimes family dynamics were complex and this was managed well by the service. This was recognised by the registered manager who told us that often this was a new area for people and their families to come to terms with, including the navigation of health and social care services. The registered manager told us it was very important to find out what the family wanted and their expectations of the care package, especially when care was taking place in the family home. As part of the assessment, the registered manager told us they would always ask about ground rules for care staff such as what areas of the home they could have access to. The registered manager told us this was very important to ensure the rest of the family had some privacy to enable them to carry on with their everyday lives. A relative told us with the support of the registered manager, the stress of caring had been removed enabling them to have a good quality life.

Whilst the staff were not employed directly by the service, the registered manager recognised the importance of people being very much involved in the recruitment of their staff where this was required. They told us whilst they may support and advise on recruitment it was important this was done either by the person or the family. This included matching people with similar interests for example one person liked going to concerts and adventure holidays. The registered manager told us this person had been supported with interviewing their own staff. Questions were very bespoke to what the person was looking for in respect of the qualities of the staff team. It was also important for people to have consistency. For example a young person was looking to be supported by a member of staff they knew from school who they had built a positive relationship with. A Relative confirmed that they were very much part of the recruitment of staff and worked closely with the registered manager in ensuring the staff had suitable skills and qualities that were suited to the person.

A relative told us the registered manager acted as an advocate for the person and acted upon their direct wishes. An example was given where the person wanted additional staff on a weekend to enable them to go out and about more and not be reliant on family. This was agreed by all parties and additional staff were

employed to support the person. The registered manager was also able to direct people and their families to advocacy services where relevant.

Staff spoke about people respectfully and understood the importance of enabling and supporting them to lead the life they wanted. Staff described to us how they supported a person with their physiotherapy exercises and the importance of making this fun and not a chore. They had supported the person to look at different options such as trampolining and swimming as a means to keep active and promoting their wellbeing. This showed the staff were creative in meeting the needs of the person. The person told us all the staff were very good. They told us they would have no hesitation in telling a member of staff if they were unhappy.

The registered manager and staff told us about the importance of the person maintaining a relationship with their family and friends. A relative confirmed that staff supported them to maintain contact. Staff gave us examples of how they supported the person to meet with friends such as a trip to London or organising social activities. From talking with staff, it was evident this was very much led by the person.

Is the service responsive?

Our findings

A relative told us the staff were excellent in responding to the needs of their relative. The staff provided 24 hour support on a one to one basis based on the wishes of the person. Staff told us there was a structured activity plan and this could be adapted and changed to suit the person's wishes and aspirations. The person confirmed they were supported by the staff to go out regularly to places of their choice. They told us they went out most days.

The registered manager told us referrals were usually received from deputies of the court of protection. The service worked with a small number of legal firms. The role of case management would vary depending on the assessed needs of person. The registered manager told us they would visit each person and spend time getting to know what the person wanted and needed. They would then provide a report setting out exactly what the service would look like, the costings (where required) and timescales for completion. This would then be shared with the person, their representatives and their deputies to ensure this was suitable and met their requirements. From this information the registered manager devised a plan of care detailing who was responsible with clear timescales.

Assessments were extensive and took place over a period of time. The registered manager told us they worked with people to meet their needs and preferences by looking for personalised ways to enhance their quality of life and wellbeing. They did this through identifying what the person wanted and needed to help achieve their goals and by building links with other services and support networks. For example accessing other health professionals or working with existing professionals. Each service was bespoke to the person and their requirements. For example for one person it may be supporting them to find voluntary work or for another it may be organising a full care package. The registered manager told us for some people it may be about devising a care plan for a domiciliary care agency to follow. They gave us an example where they provided a mediation service between their client and the agency to ensure the person was receiving a good service. The registered manager told us they reviewed the daily notes of each person where required to ensure the other care provider was delivering the care in accordance to the care plan. This included ensuring there were consistent staff. Where concerns were raised, the registered manager would liaise with the agency to improve the standards of care.

Of the sixteen people the service was supporting, only one person fell into scope of registration with the Care Quality Commission in respect of the regulated activity of personal care. We viewed the person's care records. These provided a wealth of information about the person and their support needs. Their care plan focused on enablement, the skills of the person and their wishes and aspirations. They were written in consultation with the person about their preferences, support needs and how they wished the support to be provided. They gave step by step guidance about how to support the person covering areas such as daily activities, routines and any risks associated with these. The care plan included what the person could do for themselves. For example when delivering personal care, staff were to remain closeby with the door slightly ajar. This promoted not only the person's independence but also gave them some private time. When speaking with staff, they described the support they were providing and this correlated with the person's care plan.

The registered manager told us they kept the plans under review annually or as needs changed. Reviews were held with the person, their relatives and staff team. Team meetings were an opportunity to review and monitor care delivery and keep staff updated about any changes. A relative told us the service was responsive and fully met the needs of their relative. They told us, "It takes the headache out of caring, as all the paperwork and management is done for you". The deputies of the court of protection told us that the service was responsive and flexible. They told us they were kept up to date about any changes.

Daily records were maintained of care delivery. The registered manager told us they reviewed these on a monthly basis and shared these with the person's legal representative. This was because the deputy was accountable for the delivery of care on behalf of their client. The registered manager told us daily records were bespoke to the client to ensure they captured appropriate information. This ensured daily records corresponded with people's plans of care. For example, medication administration, personal care and daily chores completed and what support people had been given with food preparation or what meals they had eaten. There was also a section for staff to complete in relation to activities or specific exercises that had been recommended by a physiotherapist.

Staff told us they regularly liaised with other health and social care professionals. An example was given where the staff liaised with the person's physiotherapist to ensure the exercise regime was appropriate. They told us it was important they were part of these meetings so they could have the information first hand and they knew exactly what was expected of them and the person.

There was a client user guide. The client user guide clearly described the aims and objectives of the service, charges, the terms and conditions, the philosophy and provisions of the service. People also had access to key policies such as the complaints procedure, safeguarding, lone working and accidents and incident reporting. There was also information about the service on the provider's web page including information about the referral process.

The service had a robust complaints procedure. Where complaints had been made we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant. There had been no direct complaints about Community Outreach Consultancy Limited. However, there were some complaints about the services that people were receiving from other agencies. It was evident the registered manager had followed this up on behalf of people and their deputies.

A relative told us the service was very responsive in respect of any concerns and gave an example where a member of staff's time keeping was under question. The service had responded promptly resolving the issue.

Is the service well-led?

Our findings

The registered manager was the owner of the business and was supported by an office administrator. The administrator worked four days per week. Calls could be diverted to the registered manager when there was no one in the office. This meant the registered manager was contactable at all times. Professionals told us they could always contact the registered manager when needed. One professional told us, "She is also available out of hours and drops everything to resolve or manage urgent issues". Another professional told us, "The manager and the office staff are very responsive and provide us with appropriate information when required".

The provider had an extensive history of working with adults and children with a brain injury. She had experience of working in health and social care before setting up this service over seven years ago. The provider was very knowledgeable about the people they were supporting. It was evident that positive relationships had been built with people who use the service, relatives and the nominated deputies under the court of protection. Comments included, "Very knowledgeable", "Always acted professionally and in the best interest of their clients", "Great attention to detail and impressive ability to share knowledge and I cannot speak highly enough of her (the manager)".

The relative, the person using the service and the staff confirmed the registered manager was approachable and was contactable at all times. From the conversations with staff it was evident they felt supported in their day to day roles and would have no hesitation in contacting the registered manager for advice or support.

The service promoted a positive culture which was person centred and inclusive. The registered manager had a clear vision and values that were person-centred and ensured people were supported to regain control and autonomy over their lives. This was achieved by developing bespoke packages of care and co-ordinating with other professionals to achieve positive outcomes for people. For example one person had recently been supported to move into their own home enabling them more independence and control. A relative told us the manager had co-ordinated the transition from the family home to their new home. This included reviewing the care package and supporting the person with the recruitment of additional staff.

The registered manager told us that quarterly feedback surveys were used to gain people's opinions about the service provided. This included questions about whether the staff turned up on time, whether staff spoke appropriately to them, whether they were happy with the delivery of care and were they supported appropriately with medicines and did staff follow good hygiene practice. We viewed the feedback and noted that people were happy with the service being provided.

In addition, annual surveys were sent out to people using the service, relatives where relevant, staff and professionals, such as lawyers and court of protection deputies. The registered manager told us they had been disappointed by the amount returned with only 3 being received. However, feedback received was very positive. Comments included, "Extremely professional in a very challenging situation, Staff excellent at communication and the case manager has a good knowledge of brain injury", and "They ensure client involved and central to all decisions". No negative comments had been raised as part of this quality review.

The registered manager said because of the relatively low feedback they were reviewing the way they collected and collated feedback from people to see if this could be improved upon. They told us about other ways of gaining feedback which included team meetings, supervisions, annual reviews, compliments and complaints.

There were various checks completed by the registered manager. This included checks on care records, daily records, training, supervision, medicines, health and safety, recruitment information and moving and handling equipment. There was also a comprehensive audit that looked at whether the service was compliant with our regulations. These linked with the way the CQC inspected services looking at whether the service was safe, effective, caring, responsive and well-led. The registered manager was able to promptly provide us with the evidence to show us how they were compliant when asked. It was evident they understood the legislation in respect of keeping people safe and providing them with care that was effective and responsive. Areas for improvement had been identified such as providing information in different formats or languages to meet the needs of the person. The registered manager confirmed they were reviewing this but would use translators where required.

There were policies and procedures in place which covered all aspects relevant to operating a care management service including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. Staff could access the policies electronically. There was also a client user guide which described the expectations of the service and key policies and procedures and the role and expectations of staff.

We had not received any recent statutory notifications from the service. Notifiable incidents are events that the service has a legal requirement to inform us about. We discussed this with the registered manager, who was able to describe the notification requirements correctly and clarified that there had been no recent notifiable events at the service. This was supported by the accident and incident records we viewed.