

Community Outreach Ltd

Community Outreach

Inspection report

370 Carter Knowle Road
Sheffield
S11 9GD

Date of inspection visit:
17 October 2023

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01 December 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Community Outreach is a domiciliary care agency providing personal care to mostly older people living in their own homes in Sheffield. At the time of our inspection there were 8 people using the service. 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

There was a lack of oversight and governance by the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Checks and audits were not effective or completed to monitor the quality and safety of the service.

Risks to people were not adequately assessed to keep them safe. Medicines were not safely managed. Medication administration charts were not audited correctly, and action was not taken to address errors promptly.

Staff did not always have sufficient guidance in place to ensure people's health needs were met in a consistent and safe way. Staff did not always receive sufficient training to help them carry out their roles. People had provided feedback to the manager; however, no action had been taken to analyse this or take any action.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People were safeguarded from risk of abuse. The provider's recruitment processes helped to make sure they only employed suitable staff. People were usually visited by the same staff who they liked and knew their needs and how they liked to be supported. People were supported to eat and drink healthily. People were encouraged to remain independent and their privacy and dignity was respected.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 October 2021).

At our last inspection we recommended the manager consider current guidance on gaining consent where people lack capacity and to update people's care records to evidence this. At this inspection we found the provider had made improvements.

Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Community Outreach

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and a regulatory co-ordinator.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 17 October 2023 and ended on 30 October 2023. We visited the location's office on 17 and 26 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 4 relatives about their experience of the care provided. We met with the manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 6 members of care staff.

We looked at written records, which included 2 people's care records and 2 staff files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. This included reviewing policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not always assess, monitor, and manage risks safely.
- People's risk assessments were either incomplete or lacked detail or guidance for staff. For example, where staff had to support a person with a catheter, there was no care plan in place to guide staff in how to safely support this person. Another person used bed rails, but we did not see an assessment or mitigation plan for the risks associated with them.
- Systems to monitor accidents and incidents were not effective and did not promote learning. Audits did not fully consider any emerging trends or themes to reduce the risk of reoccurrence and improve the quality of the service.

The provider's failure to assess, monitor and mitigate risks to the health, safety and welfare of people using the service placed people at increased risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not safely managed. A medicines policy was in place, although this was not being followed.
- Staff received medication training but did not have their competency checked. Annual competency checks are best practice to ensure staff are safe to administer medicines.
- Protocols to advise staff when to give medicines required on an 'as needed' basis were not always in place or lacked detail.
- Medicines audits were not robust. Medicine audits were delegated by the manager, but there was not a consistent approach in place. Audits failed to adequately review medicine administration records and documentation. Concerns about 'as needed' protocols and topical cream charts not being in place had not been identified and rectified.

The provider had failed to ensure the safe and proper management of medicines. This was a further breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were supported by a small team of staff who arranged the staffing rotas between themselves in the absence of the nominated individual. A team leader oversaw the rotas to check there were no gaps in place. However, staff said the arrangements which had been made for the management of the service during the absence of the nominated individual had been poorly communicated. This meant there was an

increased risk to the health, safety and welfare of people who use the service.

The provider failed to have effective arrangements in place in the event of an emergency. This was a further breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the nominated individual who said they would take immediate action to ensure there was adequate management systems and processes in the event of their absence.

- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. This included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Effective systems were in place to ensure prompt action was taken in response to any safeguarding concerns.
- Staff we spoke with understood what it meant to safeguard people from abuse. In discussions, staff could describe how they would report concerns. However, refresher training for staff was required for 5 staff. Staff had access to a whistle-blowing policy to support them with raising concerns.

Preventing and controlling infection

- There were effective infection prevention and control measures.
- People and relatives raised no concerns around staff practice in relation to infection control. They confirmed staff wore personal protective equipment (PPE). Office staff ensured staff had all the correct equipment they needed to support people.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not trained in all topics required to safely meet people's needs.
- We were shown a training matrix, which indicated staff had not completed all the training required to fulfil their roles. This included 6 staff not having medicines administration training or an assessment of their competency to safely administer medicines, 4 staff not having life support training and 4 staff not having fire safety training.
- Staff gave us different accounts about the level of training and support. Some staff told us they were confident and could meet people's needs safely. Other staff members said they felt they needed access to further training. For example, 1 staff member told us they were asked to support a person with a catheter, but did not feel comfortable to do so, as they had not been shown what to do or had the relevant training. The staff member told us they had raised this with the nominated individual, but they felt the nominated individual did not listen to them.
- Staff supervision and support was inconsistent and did not meet the needs of all staff. Overall staff said they felt 'unsupported' and said there was 'poor communication' with the nominated individual.

The provider had failed to ensure staff were suitably competent, skilled, and experienced to support people effectively. This was a breach of Regulation 12(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the provider who said they would take immediate action to ensure staff received the necessary training and were assessed as competent to administer medicines.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records were not always up to date, or person centred.
- Support plans were generally detailed, and reviews were taking place, although changes in people's needs were not always reflected in their support plans. For example, information about a person's mobility needs had not been updated in their support plan. However, staff knew people well and were aware of changes through handovers.
- The service liaised with healthcare professionals to coordinate better care for people.

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 MCA 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.

At our last inspection we recommended the manager consider current guidance on gaining consent where people lack capacity and to update people's care records to evidence this.

At this inspection we found the provider had made some improvements.

- Overall, records relating to capacity and consent had improved, but further improvements were required. For example, records did not always demonstrate people, or their legal representatives had consented to their care.
- Despite the issues with records, we saw no indication people's rights were restricted. Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care or support.

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

- Where required, people were supported to eat and drink enough. Many people were able to prepare their own meals, or, where required, staff offered some support.
- One relative said they had no concerns regarding food and drink and said staff were able to meet their relative's food preferences.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found the manager had limited oversight of the day to day running of the service. There was an over reliance on senior staff members to run the service.
- Quality assurance systems were not effective in identifying issues and improving the service. The provider's auditing systems had failed to highlight the concerns we found with the assessment of risk, ensuring care plans were person-centred, medicines records, and staff training, support, and supervision.
- Records of care and support were not accurate or up to date and staff did not always have access to clear information about the people they were supporting. The failure to ensure complete and contemporaneous records meant we were unable to identify if people had received the care and support they required.
- Contingency plans to ensure the service ran safely in the event of extreme circumstances, such as staff shortages or severe weather required improvement.

The provider had not established robust systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service obtained feedback from people about the service. Overall, relatives told us they were happy with the service their loved ones were receiving and felt confident the manager would deal with any concerns they raised.
- However, staff told us they did not feel able to raise concerns or opinions with the nominated individual. One staff member said, "This is the worst managed service I have encountered, and I do not enjoy working here." They said, "Staff opinions are disregarded and if you did raise anything it would be argued with, and voices would be raised."

We discussed these concerns with the provider who was open and honest about the culture within the service. The nominated individual explained the service was going through a period of change. The nominated individual said they were in the process of reviewing the service to make sure an effective team was in place and to look at service improvements.

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

- At the time of the inspection the manager understood the requirements of duty of candour legislation.
- The nominated individual understood their responsibilities to be honest with people, relatives, and staff when things went wrong.

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

- The provider was open during the inspection and explained the service was going through a transitional period of change with members of the staff team. The provider explained they were in the process of reviewing the culture of the service to make sure staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish
- Relatives felt they were able to approach management to share their views on the service, they felt the management team were responsive.

Continuous learning and improving care; Working in partnership with others

- The nominated individual was open to inspection feedback and recognised they needed additional support. They told us they would work to improve the quality of care people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider's failure to assess, monitor and mitigate risks to the health, safety and welfare of people using the service placed people at increased risk of harm.</p> <p>The provider had failed to ensure the safe and proper management of medicines.</p> <p>The provider had failed to ensure that staff were suitably competent, skilled, and experienced to support people effectively.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has failed to ensure systems established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm.</p>