

R-H-P Outreach Services Ltd

R-H-P Outreach Services - South Norwood Hill

Inspection report

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Date of inspection visit:
05 July 2022

Date of publication:
19 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

R-H-P Outreach Services – South Norwood Hill is a residential care home providing accommodation and personal care. The home accommodates up to five people in one house. At the time of our inspection four people with mental health conditions were living at the home. The service also provides rehabilitation support to people living in their own homes but this is outside the scope of our inspection remit.

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

The quality and safety of the service had improved for people overall since our last inspection. However, medicines records required improvement. The provider could not always check stocks against records to confirm people received their medicines as prescribed. Other aspects of medicines management were safe and there was no evidence people had been harmed.

There were enough staff to support people. Staff did not work excessive hours which reduced the risk of them being too tired to work safely. Staff were recruited through suitable processes to check they were safe to work with people.

The provider carried out the necessary health and safety assessments and checks to keep people safe, including those relating to fire, electrical safety, water hygiene, the risk of scalding and falls from height..

A registered manager was in post who had managed the service for three years. Our inspection findings showed they understood their role and responsibility notwithstanding the issues we found around medicines.

Risks to people, including those relating to their mental health conditions, were suitably assessed and managed.

Staff received a suitable induction with ongoing training and support to care for people with mental health conditions.

People received their choice of food and were supported to maintain their health. 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 liked the staff who supported them and developed good relationships with them. Staff knew people well and treated them with dignity and respect. People were involved in their care. People's care plans were based on their needs and preferences and people received personalised care. Most people managed their own daily activities and told us they had enough to do.

The provider had a suitable process to respond to any concerns or complaints.

A clear hierarchy was in place and staff felt supported by the management team. People and all staff told us the service was well-led and the provider engaged well with them.

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

Rating at last inspection

We rated the service requires improvement at our last inspection on 6 February 2020 (published 1 April 2020).

Why we inspected

This was a planned inspection to check the provider had improved since our last inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

R-H-P Outreach Services - South Norwood Hill

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Our inspection was completed by one inspector.

Service and service type

R-H-P Outreach Services – South Norwood Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received, the previous inspection report and concerns raised with us regarding this service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the director, the registered manager and one care worker.

We reviewed a range of records. This included three people's care records and medicines records. We looked at staff training and supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 service was rated requires improvement. The rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider lacked systems to sufficiently monitor stocks of medicines kept in their original packaging. Stocks carried over each month were not always clearly recorded and the provider was unable to confirm the expected stocks for some medicines.
- Medicines removed and returned to the home for people on social leave were recorded but they did not always include detail to track stocks and check the person had self-administered appropriately. On the day of inspection, the provider implemented a new medication balance sheet in order to improve monitoring of medication stock levels.
- Staff did not always record whether they administered one or two tablets of a medicine to one person when there was an option.
- These issues meant the provider could not always check stocks against medicine administration records to confirm people received their medicines as prescribed. The director told us they would immediately improve recording systems.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely and the director knew how to reduce the temperature of the medicines cabinet with ice packs to reduce the risk of heat damage.
- The provider had assessed the risks relating to medicines for people and support plans were in place to guide staff.
- Staff understood how to administer medicines safely as they had annual training.

Staffing and recruitment

At the last inspection we found the registered manager booked some staff to work 48 hours in a row due to shortages. This meant there was a risk staff would be too tired to carry out their roles safely. This was part of the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and were no longer in breach.

- There were enough staff to care for people safely and they told us they did not feel rushed. Staff worked reasonable hours with no excessive hours.
- People were supported by staff who were safe to work with vulnerable people. The provider carried out staff recruitment checks including criminal records, identification, references and right to work in the UK.

Assessing risk, safety monitoring and management

At the last inspection we found the registered manager had not assessed risks relating to the premises and equipment appropriately. Although we did not find people had come to harm this meant people were at increased risk. This was part of the breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and were no longer in breach due to this concern.

- The provider carried out the expected checks of the premises and equipment. These included checks relating to the general environment, fire, electrical, gas and water safety. Since our last inspection the provider had contracted a company to carry out a water safety risk assessment and had installed suitable restrictors on windows to reduce the risk of falls.
- The provider assessed risks to each person, such as those relating to their mental health, providing suitable guidance for staff to follow.
- The provider had systems to record accidents and incidents including those involving behaviour which challenged. However, staff told us there were no people with behaviour which challenged at present.

Preventing and controlling infection

At the last inspection we found risks relating to infection control were not always well managed. This was part of the breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and were no longer in breach due to this concern.

- Food hygiene was well managed and the service recently received the highest rating from the food standards agency.
- The provider had installed a suitable washing machine which could safely wash contaminated material in a purpose-built out-house.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse. The registered manager had taken the necessary action in relation to significant incidents to protect people.
- Staff understood their responsibilities in relation to safeguarding and staff received training in safeguarding.
- People told us they felt safe and comfortable with staff.

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 the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. In care homes, and some hospitals, this is usually through the MCA application procedures called deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people had capacity to make all their own decisions which meant MCA assessments and DoLS were not required. Staff received training in the MCA and DoLS and understood their responsibilities. Staff asked for consent before providing personal care.

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

- The provider met people and reviewed any professional reports to assess whether they could meet their needs. People could visit the home to decide whether they wanted to live there.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and hosting reviews with people and their mental health teams and also their funders.

Staff support: induction, training, skills and experience

- People were supported by staff who received a suitable induction with regular training in a range of topics to help them understand people's needs including mental health conditions.
- Staff told us they received regular supervision and records confirmed this. Staff told us they felt supported by the management team.

Adapting service, design, decoration to meet people's needs

- The service had a communal lounge and each person had their own bedroom with en-suite facilities for each person. There was a garden area where we saw people enjoying the good weather.
- People were encouraged to personalise their rooms with their own possessions. A person told us, "I chose

the colour, I put my own pictures up and things".

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's mental healthcare needs as they had received appropriate training and had support from people's mental health teams.
- The provider had put in place oral hygiene and diabetic care plans since our last inspection to guide staff in meeting these specific needs.
- People were supported to see the healthcare professionals they needed to maintain their physical and mental health, including seeing their care coordinators and GPs.
- People were provided with one hot meal a day and prepared their other meals independently or with staff support. One person told us, "I like the food and I get something different if I ask". A second person said, "The food is nice. I'm eating homemade cabbage, beef stew and rice now".

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 the rating for 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 liked the staff who supported them and we saw people were comfortable with staff and spent time talking with them. Staff were kind, patient and reassuring with people. A person told us, "Staff are nice, kind. They understand me, they always listen". A second person said, "Staff understand me, they know what I need".
- Staff received training in equality and diversity and were aware of people's mental health, religious and cultural needs. These needs were reflected in people's care plans.

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

- Staff knew people well and offered food, personal care and emotional support based on their needs and preferences.
- Each person had a member of staff who worked closely with them, a 'keyworker', to help them express their views and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Our discussions with people and staff showed they respected people's privacy and dignity when carrying out personal care. Staff also received training in confidentiality and information about people was kept securely.
- Staff supported people to learn independent living skills such as cooking, cleaning and laundry so they could live independently in the future, where possible. One person was supported to enrol in a college course of their choosing and was proud of their progress.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans detailed their mental health needs, their backgrounds, personalities, those who were important to them, the emotional support they needed and how they preferred to receive their care. Care plans were personalised and kept up to date so they remained reliable for staff to follow.
- Staff had read people's care plans and delivered care in line with their agreed needs and preferences.

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.

- The director confirmed key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs and preferences in their care plans for staff to refer to.

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

- All people managed their own time and most people left the service most days to do their own private activities. One person lived with low motivation due to their mental health condition. They required staff encouragement to take part in an activity they had chosen and staff escorted them. The service provided some activities such as arts and crafts, movie and take-away nights and individual cooking sessions. People told us there was enough to keep them occupied.
- Staff were available to support people to stay in touch with those who were important to them if people were unable to do this independently.

Improving care quality in response to complaints or concerns

- The complaints procedure was suitable and on display in the home for people and their visitors to refer to. The registered manager told us they had received no complaints in the past year.
- People knew how to raise a concern and they had confidence the provider would investigate and respond appropriately.

End of life care and support

- Training in end of life care was available to staff. The registered manager offered people support to develop advanced end of life care plans but this had been refused.

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 requires improvement. At this inspection the rating remained the same. 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, understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At the last inspection we found the provider's oversight of the service required improvement as they had not identified and resolved the issues we found. This was part of the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and were no longer in breach due to this concern.

- The provider had a system of audits to check the quality of care people received including care and staff records and those relating to the management of the service. These checks were effective overall, however checks of medicines management required improvement as they had not identified or resolved the concerns we found.
- The registered manager had managed the service for around three years and had previous experience and qualifications in managing care services. Our inspection findings showed they understood their role and responsibilities overall. People and staff were positive about the registered manager.
- The provider submitted an action plan after our last inspection setting out how they would improve. We found they had followed this plan and maintained improvements.
- There was a clear hierarchy as the registered manager was supported by a director and a senior support worker who led each shift.
- The provider had sent us notifications in relation to significant events that had occurred in the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider kept people and staff informed of developments at the service. People often preferred not to have 'residents' meetings' so people were offered individual meetings with their keyworker instead. Staff told us team meetings were frequent and they were listened to.

Working in partnership with others

- People were encouraged to be active within their local community and most people used local services freely
- The provider communicated with external health and social care professionals, including the local mental

health care team.

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 understood their duty of candour responsibilities and staff told us they managed the service in an open and transparent way.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured care was provided safely to people through the safe management of medicines.</p> <p>Regulation 12 1, 2(7)</p>