R-H-P Outreach Services Ltd

R-H-P Outreach Services - South Norwood Hill

Inspection report

155 South Norwood Hill
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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 five 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 provider had not identified people may be at risk of harm from staff regularly working up to 48 hours waking hours in a row. The provider agreed to stop this immediately.

The provider had not ensured all necessary health and safety assessments and checks were carried out to keep people safe, including those relating to water hygiene, the risk of scalding, falls from height and a trip hazard in the garden.

People could be at increased risk of infections as the washing machine was unsuitable for contaminated materials and was located in the food preparation area.

The provider had not registered with the local authority to ensure they were inspected as part of the national food hygiene rating scheme and told us they would register immediately.

The provider carried out recruitment checks to ensure staff were suitable to work with people, although they did not always explore gaps in employment histories.

The provider recorded any incidents of behaviour which challenged, although the recording was inconsistent.

A registered manager was in post who had managed the service for the past year and was in non-managerial roles previously. Our inspection findings showed they had some gaps in their knowledge of care home management. The provider did not have sufficient oversight of the service as they had not identified and resolved the issues we found.

There were enough staff to support people safely. People were supported safely with their medicines and the provider told us they would introduce annual medicines competency assessments.

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.

Most 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 well supported by the management team. Most 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
This was our first inspection since the service registered with us on 6 February 2019.

Why we inspected
This was a planned inspection based on date the service registered with us.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team
Our inspection was completed by two inspectors.

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.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

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 professionals who work with the service. 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.

During the inspection
We spoke with three people using the service, the registered manager, the director and one support worker. We reviewed three people's care records, medicines records, two staff files, audits and other records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 that people could be harmed.

Staffing and recruitment

- The provider routinely scheduled some staff to work excessive hours which meant they may not have been able to care for people safely due to lack of sleep. On the rotas several staff were scheduled to work 48 waking hours in a row. We raised our concerns with the registered manager who agreed to stop this practice immediately and confirmed this had been done after the inspection. They told us staff requested to work these hours and there was not an issue with staff numbers and people and staff confirmed staff numbers were sufficient.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not always explored gaps in staff employment histories as part of their recruitment checks and told us they would improve on this. The provider carried out other staff recruitment checks including criminal records, identification, references and right to work in the UK.

Assessing risk, safety monitoring and management

- The provider had not carried out all the necessary health and safety checks for a care home. This meant people were at potential risk of falls from height as the provider had not ensured window restrictors did not open more than 100mm. The provider confirmed they had made windows safe after the inspection.
- The provider did not routinely check water temperatures to ensure water was maintained at safe temperatures to reduce the risk of scalding. The registered manager told us they would begin this immediately.
- The provider had not carried out a risk assessment to ensure any risks relating to water hygiene were identified and managed. Although the provider carried out annual water testing, the lack of a full risk assessment meant the provider was not doing all they should to assess and manage the risks. The provider confirmed they had carried out a risk assessment soon after our inspection.
- The garden was unkempt and a hole in a step had been covered with material which presented a trip hazard. The director told us they would ensure the trip hazard was removed and after the inspection confirmed gardening had been carried out.

These issues formed part of the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Besides the risks listed above, the provider assessed risk to each person, providing suitable guidance for

staff to follow. The provider managed premises risks relating to fire, gas safety and electrical installation appropriately.
● Staff recorded incidents of behaviour which challenged along with actions taken by management. However, the service lacked a standard format to record the details which meant the records lacked consistency. The provider told us they planned to introduce a standard way of recording incident which would make analysis easier.

Preventing and controlling infection
● The provider had not ensured the washing machine could wash contaminated clothing and bedding at sufficiently high temperatures in the year since the service opened. The provider confirmed they had installed a suitable machine soon after our inspection.
● The provider had identified the location of the washing machine was unsuitable as it was in the kitchen. However, this meant for one year since the service was registered people were at increased risk of infection from contaminated clothing and bedding. The provider had commissioned the construction of a laundry building in the garden to reduce this risk and confirmed this was completed soon after the inspection.
● The provider had not registered with the local authority to ensure they were inspected as part of the national food hygiene rating scheme. The registered manager confirmed they had registered after our inspection. We did not identify any concerns relating to food hygiene practices.

These issues formed part of the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us the service was always clean and we found the service was clean and free of malodours. Staff followed a cleaning schedule and received training in infection control. The management team carried out regular checks of infection control practices although these had not promptly identified and resolved the issue we found.

Using medicines safely
● Medicines were received, stored, administered and disposed of safely.
● Our checks of medicines stocks and records showed people received their medicines as prescribed. The provider carried out regular checks on medicines safety.
● 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 regular training. The provider told us they would introduce annual competency assessments to check staff remained suitable to administer medicines.

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 any allegations of abuse, including reporting to the local authority safeguarding team and CQC.
● Staff understood their responsibilities in relation to safeguarding and staff received training in safeguarding.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.
- We saw people were encouraged to personalise their rooms with their own possessions and people liked their rooms.

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. Annual appraisals were scheduled. Staff told us they felt supported by the management team.

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 not ensured people had sufficiently detailed oral hygiene and diabetic care plans in place, although we did not identify any concerns. The registered manager told us they would improve their care plans in relation to these two areas as soon as possible.
- 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. Most people were positive about the food staff provided although one person told us they were unhappy with the food. Another person told us, "Staff ask before each meal what I want and I cook anything I want too." Staff understood and people's individual dietary needs and preferences.

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 them with personal care.

Good

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We received positive feedback about the staff. Comments included, "Its very relaxing here, staff are caring, safe, even loving. I'm really happy here", "It's nice here. Staff are very good, they know my likes and dislikes." We observed staff spoke kindly and respectfully to people and were calm and patient when a person began to express aggressive thoughts. Staff enjoyed their roles in supporting people to manage their mental health conditions and gain independence. People were comfortable approaching staff and engaging in conversation with them.
- Staff received training in equality and diversity and were aware of people's mental health, religious and cultural. These needs were reflected in people's care plans. One person told us, "When I have spoken to staff about my mental health they've been empathic, kind and reassuring." Staff supported people to purchase and prepare food of their culture or ethnicity and attend religious services where necessary.

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 peoples' 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 told us, "I cook here a lot, I wash my clothes and water the plants." A second person told us staff cleaned their room once a week and they would like more support from staff to keep it tidy in the meantime. The registered manager told us they would review this with the person.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 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.

● One person told us they would like more support to structure their day and more emotional support when they were unwell which was not set out in their care plan. The registered manager told us this was a complex situation and they would review the person's care plan with them.

● 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 registered manager told us key information could be provided to people in alternative formats if necessary.

● The provider recorded people's communication needs 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

●Most people occupied themselves inside and outside the home, leaving the service freely. The service provided some activities such as arts and crafts 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 told us they planned to support

people to develop advanced care plans, setting out how they would like to receive their end of life care.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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, understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a system of audits to check the quality of care people received. However, these checks had not identified and resolved the issues we found including those relating to unsafe staff working hours, health and safety, food hygiene and infection control.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had managed the service for the past year and had experience and qualifications in managing care services. Our inspection findings showed there were some gaps in their knowledge of care home management in relation to the areas where we found improvements were required. The registered manager told us they would explore further training courses. People and staff were positive about the registered manager.
- There was a clear hierarchy as the registered manager was supported by a director, a qualified occupational therapist, who often visited the service. There were also day managers and senior support workers 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 mainly informal and the provider communicated well with them.
- The provider was developing surveys to gather the views of people and staff.

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 where they attended two monthly forums to keep up to date with best practice. The

provider also liaised with the local authority to ensure people received the care they needed.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person has not ensured care was provided in a safe way for people by assessing the risks to people's health and safety and doing all that is reasonably practicable to mitigate any such risks; by ensuring the premises and equipment was safe to use and by assessing the risk of infections. Regulation 12(1)(2)(a)(b)(d)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured systems or processes were established and operated effectively to enable them to assess, monitor and improve the quality and safety of the services and to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, staff and visitors. Regulation 17(1)(2)(a)(b)