Outreach (Sefton) Limited

Outreach Sefton Ltd

Inspection report

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28 December 2018

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20, 21 and 28 December 2018 and was announced.

Outreach Sefton is a domiciliary care agency, providing care and support to people in their own homes. The service operates in Southport and surrounding areas, as well as in Bradford in West Yorkshire. At the time of our inspection, there were approximately 90 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People and their relatives told us they felt safe using the service. Staff were clear about their responsibility to keep people safe and had confidence in managers to address any concerns. People's risks had been assessed to help keep them safe and safeguarding concerns had been investigated appropriately. People and relatives told us that at times staff could be slightly early or late, but that generally they were punctual and did not miss any calls. Staff had been recruited using appropriate checks. The service generally supported people to manage their medicines safely.

The service worked in partnership with people, relatives and other professionals to achieve good outcomes. Staff received ongoing support through induction supervision and training, although some training needed to be refreshed. Staff supported people's needs around drinking and eating well. The service followed the principles of the Mental Capacity Act 2005 to protect people's rights to make decisions and maintain their best interests.

People and their relatives told us staff treated them with kindness, dignity and respect. Many staff had worked for the service for a long time and knew people well. People and relatives were involved in the planning of care.

People and relatives felt that at times the service needed to be better at meeting individual needs. Our review of care plans confirmed that information at times needed to be clearer and more detailed. People and relatives knew how to make a complaint and told us they were listened to, although at times this needed a few attempts. The service had worked in partnership with people, relatives and professionals to provide dignified and respectful care at the end of the person's life.

People and relatives told us that overall the service was managed well. Senior staff visited people and relatives generally on an at least six-monthly basis to ask them about their views of the service. There had been no recent team meetings. Staff received appraisals at which they were invited to share their views and

suggestions. We heard and saw compliments and positive feedback for the service given by people, relatives and local authority commissioners.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service well-led? The service remains Good.	**Good**

Outreach Sefton Ltd

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 was 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 over three days between 20 December and 28 December 2018.

The inspection was announced and carried out by one inspector. We gave the service 72 hours' notice, so they could ask people if they would be happy to speak with us. We also needed to make sure a manager would be available to meet with us at the office.

Before our inspection we reviewed information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A statutory notification is information about important events which the service is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners of the service to gather their views.

We spoke with six people who used the service and five relatives on the telephone.

During the inspection we spoke with four different staff across the service. This included the clinical manager, as well as a care assistant, a senior care assistant and a care supervisor. We reviewed three staff recruitment files.

We looked at the care files of 12 people receiving support from the service. We checked communication logs, records and charts relating to people's care, as well as medicine administration records and audits. We also looked at the service's incident and accident forms, safeguarding records, quality assurance processes,

meeting minutes, as well as training and supervision information.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. All of the people, relatives and staff we spoke with told us they had no serious concerns about the service.

A person we spoke with told us, "They are super people, I look forward to seeing them. With me being on my own, it is good to have a chat. They do what I ask them to do. I cannot fault them."

A relative told us, "There used to be a lot more different staff. This has got better and they are more regular staff now. They do 'shadow' people, which is important as they have to get to know [my relative]." Another family member said, "They are in several times a day. The consistency helps to keep [my relative] safe, staff know better how to deal with [their] disabilities."

From people's, relatives' and staff's comments we heard that there were enough staff to meet people's needs. People and relatives told us that at times staff could be slightly early or late, but that generally they were punctual and did not miss any calls. Comments around flexibility of calls varied, but we learned that planning was based on people's specific needs, such as carer preferences. Comments also indicated that more staff would enable the service to be more flexible, for example around call times.

A relative told us, "We are very pleased with the care, sometimes they are a bit late. Carers are all very good. My only criticism is the time, it is not always consistent." Another family member said, "[They have] never missed a call, [they] might be a few minutes late but never much [and they visit multiple times a day]. They do go above and beyond. Even in the bad weather we had last winter, we never had a problem."

The clinical manager explained their ongoing recruitment drives and that it had been difficult to find staff that fitted with the service's way of working. Staff had been recruited using appropriate checks. These helped to ensure that new staff were suitable to work with people who may be vulnerable as a result of their circumstances.

Staff were clear about their responsibility to keep people safe and had confidence in managers to address any concerns. A staff member told us, "We help people to stay safe in their own home, that is what we are here for. If we have people in wheelchairs for example, we make sure they have everything to hand and there are no obstacles."

People's risks had been assessed to help keep them safe. We found the service had developed risk assessments to become more detailed. We considered with the clinical manager one person's information that would benefit from review and updating.

We found that the service had investigated safeguarding concerns, of which there were few, thoroughly. This included the clinical manager taking appropriate actions once investigation outcomes had been confirmed. Incident and accident forms had been developed since our last inspection to provide more detail, to help learn lessons from accidents and prevent reoccurrence.

The service supported people to manage their medicines safely. People praised the staff for their support with their medication'. People's medication administration charts had been signed by staff where needed. We considered with the clinical manager how staff could record more consistently if a person had refused their medicines. We also discussed how some people's 'as required' medicines could benefit from clearer directions.

Staff told us there was always plenty of personal protective equipment available to reduce the spread of infection. This included disposable gloves, aprons and face masks. Staff we spoke with were knowledgeable about good infection control practice.

Good

Is the service effective?

Our findings

The service worked in partnership with people, relatives and other professionals to achieve good outcomes. Out of 43 people referred to the service over the previous 12 months as an 'alternative to reablement', 36 had been supported to no longer need the service following the initial six weeks of care. The remaining seven people remained with Outreach Sefton to receive ongoing care and support.

A person who used the service told us, "I am not feeling at my best, but the carers have been to look after me. The carers are skilled enough to look after me. They will ask, 'Is there anybody I can call or get for you?"

A relative stated, "If staff are worried, they take the initiative and call a GP for example." While we visited the service', we observed a good example of staff identifying a person's changing health needs and seeking medical advice effectively.

Staff received ongoing support through induction, supervision and training, although some training needed to be refreshed, particularly for the Bradford branch of the service.
We asked people who used the service and relatives whether they felt staff were competent in their care. Everyone we spoke with felt they were.

Relatives' comments included, "They are skilled at lifting my [relative] safely out of bed, which I cannot do" and "Yes definitely, they need to use a hoist and they are competent to do so."

A staff member told us, "We have seniors to check we are competent; we sign [medication administration records], staff show you what to do. Observations are done regularly."

Staff supported people's needs around drinking and eating well. A person who used the service told us, "They make a good breakfast, [cereal] with cut up fruit and honey, my favourite." Another person felt that staff supported their specialist diet, but could at times "be more creative" in doing so.

The service followed the principles of the Mental Capacity Act 2005 to protect people's rights to make decisions and maintain their best interests.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We found there was clear guidance on the use of the MCA and staff we spoke with were knowledgeable about this. We discussed with the clinical manager how capacity assessments carried out in the early stages of people using the service

could become more specific. We heard examples of how the service had been involved in discussions regarding people's best interest with families and social workers. This included for example whether people were able to remain in their own home to receive care.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness, dignity and respect. Many staff had worked for the service for a long time and knew people well. Feedback we received from people and their relatives showed there was some room for improvement, but that overall they felt the staff were good and caring.

One person told us, "The ladies do vary from one to another. Some people are caring, some less so. In general, we are doing ok."

Another person who used the service told us about the staff, "Apart from being carers they are also friends."

A third person said, "They are wonderful actually. I only have them in the morning. I am so happy with them, I have them for an hour. I am thoroughly happy with them, they are all nice girls."

A relative told us, "95% [of the care staff] are good and those that are good are always willing to do a bit extra to help. I genuinely think this agency is good. They can go the extra mile, those that are good." Another relative stated, "By and large they are fine and they do a good job with the care and they are lovely with [my relative]."

People and relatives were involved in the planning of care. We heard particularly from relatives that they felt involved in decisions over their loved ones' support.
A relative told us, "I have been involved in assessments all the way along."

The clinical manager explained they tried to match carers to a person's needs and preferences and staff confirmed this. For example, if a person preferred to have or not to have a certain member of staff visiting them, the service accommodated this as far as reasonably practical.

Most of the people and relatives we spoke with confirmed this. One person spoke well of the caring nature of their more regular staff, but had some reservations regarding their choices. They said, "The girls that are great, we have a good chat. It is small details that they think about it. If I had a choice I would have three girls on a permanent basis, they ask me what I need. I would prefer out of choice to have the ones I like, I have had about 10-12 different carers."

Relatives we spoke with confirmed to us that staff respected their loved one's privacy and dignity and that managers listened to their wishes around this.
We asked staff how they worked to ensure people's dignity and respect were upheld.

A staff member told us, "I tell staff, 'I look after people the way I want my family to be looked after'. New staff come around with me so they can watch me and I can teach them to do the same."

Another staff member told us about how staff learned from each other, to support people in a kind and

compassionate way. The staff member said, "Other staff listen to me, they say 'I would not have thought to say that [to the person using the service]'. I make sure we listen to the person, it is all about reassuring and telling carers, 'This is how we do it'. We do not leave the service user until it is put right, if this means we take longer, we let the office know we are going to be late for the next call."

Requires Improvement

Is the service responsive?

Our findings

People and relatives felt that at times the service needed to be better at meeting individual needs. Our review of care plans confirmed that information at times needed to be clearer and more detailed.

A person who used the service told us, "What I want to know is whether the carers actually know about personal circumstances before they come. I am aware that they are supporting people with different needs, but not sure how much they know about everyone's needs." Another person said, "Some are good at it, some do not think like I do."

We also heard that support to people with hearing impairments varied between different staff members. When we checked relevant care plans, we found that there was not always enough information to guide staff clearly, to avoid the issues people and relatives mentioned.

However, we also found more detailed care plans that described people's preferences or needs and gave good examples of support to people with hearing difficulties. We understood senior staff were reviewing care plans regularly, but due a senior staff vacancy the service had been unable to fill, there was a backlog of work.

People and relatives knew how to make a complaint and told us they were listened to, although at times this needed a few attempts.

A person told us, "If I have a complaint I just ring up the office and they listen." Another stated, "If you speak to the right people things get sorted."

A relative told us they did not always feel listened to right away. They said, "Concerns can take a bit of time to sink in. Generally, they are ok." Another relative said, "They do not always listen the first time, but they will the second time."

The complaints procedure was included in a 'service user guide', which everyone using the service received. The clinical manager showed us an 'easy read' version of this they had developed. All documents were also available in larger print.

People and relatives confirmed to us that the service had resolved issues, for example where people had not connected well with their assigned care staff. There had been no 'formal complaints' raised and recorded in 2018. Issues people or relatives raised had been recorded in the service's electronic logs. These carried a record of actions and follow up by office staff.

People and relatives also gave us good examples of care that demonstrated individuals, their needs and circumstances were supported.

A relative told us, "[My relative's] needs are quite specific, the regular team know how to support them. I

have been Involved in planning of care, do a review of [my relative's] needs and risk assessments. They know if [my relative] and if they are having a bad day, they try to cheer them up."

We heard examples of how the service helped people to get out into the community as part of their chosen support.

A person who used the service told us, "I have to have to have someone to go out shopping with me, so they do need a car and they have a car."

A member of staff also gave us an example of how the service supported people at a nearby care home, to access the community. "Twice a week I go to a care home and take one of the ladies out, all the clients in the home know me."

The service had worked in partnership with people, relatives and professionals to provide dignified and respectful care at the end of the person's life. The clinical manager explained that at such times other professionals usually started to provide the person's care. However, we read compliments to the service from relatives. These thanked staff for having supported their loved one to remain at home at the end of their life, respecting the person's wishes.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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 service notified CQC of events in line with their legal obligations.

When we visited, the registered manager was not available, however we met with other managers of the service who supported our inspection. The clinical manager was overseeing the day-to-day running of the service, together with the finance manager, business manager and senior staff at various levels across the two areas, Southport and Bradford.

People, relatives and staff told us that overall the service was managed well and we received positive comments about different managers from those we spoke with. A person told us, "[Manager name] has very good communication, [they] sorted out a big problem for me."

A staff member told us, "[Name] is a marvellous manager, [name] is very good and always has the clients' best interests at heart."

When we visited, we found the managers to be warm, welcoming and knowledgeable about people and their needs. During our inspection, we observed a few examples of managerial staff responding to arising situations and ensuring they led on good, person-centred care.

Senior staff visited people and relatives generally on an at least six-monthly basis to ask them about their views of the service. These quality checks asked people and relatives whether they were happy with their care, whether staff came on time and whether those using the service were happy with responses from office staff. We saw that where people voiced improvement needs, the service generated an action plan that was completed and signed off by senior staff. Senior staff carried out audits and observations to check on other aspects of care, such as support with people's medicines.

We found that the service had received 13 compliments in 2018, including two written by social workers. We also found that the service had worked in partnership with people and relatives to develop the quality of care. We saw that in a couple of examples, the service had developed these relationships from initial complaints or issues raised, to recorded compliments.

A relative stated "The care has improved over the last 15 months, because they got to know more about [my relative] and staff remained more the same." Another family member told us, "They keep us up to date and always stay in touch, good communication." We saw the service sent out a newsletter. Relatives told us they could always meet with managers if they needed to.

There had been no recent team meetings. Staff we spoke with felt these would be beneficial. The clinical

manager explained they had tried to arrange team meetings, but these had not been well attended. Staff received appraisals at which they were invited to share their views and suggestions.

A staff member told us, "We do have appraisals, I get a form sent to me and I can write down what needs to be done." Staff told us they felt they had a good team at the moment and the clients also told them they thought that.

Another staff member told us, "I enjoy working for Outreach, they are very good company. There are a lot of care companies, ours in one of the best. That is proven by the length of time staff have been here. It is run by a really good team. Staff are staying, it is hard work and you would not stay if you did not enjoy it."

There was a range of polices in place to guide staff in their roles. Staff received these on induction, as well as individually through the post if there were any updates. The service promoted an open and inclusive culture. We saw exercises and clear policy statements to promote a service that "respected and valued" people's and staff's differences, regardless of "gender, race, colour, nationality, age, sexual orientation, ethnic origin, religion, economic or social background, marital status or civil partnership, pregnancy or disability".