

Outreach Community and Residential Services

Highbury Court Flats

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection, which took place on 26 July 2016. We had previously carried out an inspection on 6 August 2014 when we found the service to be compliant with all the regulations that were in force at the time.

Highbury Court is a care home registered to provide accommodation and personal care for up to six people who have a learning disability or mental health needs within a complex of six individual flats. At the time of this inspection, six people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager for this service was also the registered manager for four other residential services run by the provider.

People who lived at the service who we spoke with us told us they felt safe at the home. They said they could approach the registered manager, the staff or a relative if they had any worries or concerns. They were confident they would be listened to and that any problems would be sorted out.

Recruitment processes were sufficiently robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults.

There were sufficient staff available to meet people's needs. No outside agency staff were used by the service. This meant that people who used the service received consistent support from a staff team who knew them well.

There were systems in place to ensure the safe administration of medicines and effective infection control practices. Staff had received the training they needed to support people safely and effectively.

People had the access they needed to health and social care professionals.

People we spoke with told us that their Jewish faith and culture was observed, for example, celebrating Shabbos and buying kosher food.

The atmosphere in the service was relaxed and friendly and there was a good rapport between people who used the service and the staff supporting them.

We saw that those who used the service had person centred care records, which included easy read formats and photographs that helped people to be involved in decisions about their care and support.

People had access to a range of activities that met their individual needs and were encouraged to be as independent as possible.

Wherever possible people who lived at the home were encouraged to maintain contact with their family and friends.

We saw records that showed that the registered manager carried out regular audits of the home's records and health and safety checks.

All the people we spoke with told us the registered manager and the project manager were approachable and would always listen and respond if they raised any concerns.

During this inspection, we contacted the commissioner and safeguarding teams at the local authority. They raised no concerns about the service with us.

We saw that people were asked for feedback about the quality of the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who used the service told us they felt safe. Staff had received training in how to protect people who used the service from the risk of abuse.

Staff had been safely recruited and there were enough staff to meet people's needs.

People's care records included information about any risks people might experience and the support strategies in place to manage these risks.

Systems were in place to help ensure the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

Prior to a placement being offered an assessment was undertaken so that the service could be sure they could meet people's needs.

People received support from a staff team who had received the induction, training, support and supervision they required to be able to deliver effective care.

People had access to the health care professionals they needed to promote their well-being.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the service was relaxed and friendly and there was a good rapport between people who used the service and the staff supporting them.

Where appropriate people's religious beliefs were respected and promoted.

Is the service responsive?

Good 

The service was responsive.

People chose how they spent their time and could access a range of activities to suit their individual needs and preferences.

People were encouraged to be as independent as possible and where possible maintain contact with their relatives and friends.

Systems were in place for people to raise concerns or make suggestions about ways to improve the service.

Is the service well-led?

Good 

The service was well led.

Regular meetings took place between managers, staff and people who used the service so that any issues could be resolved or ideas for improvements to the service could be shared.

A number of systems were in place to assess and monitor the quality of the service provided.

Highbury Court Flats

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours' notice of our inspection because the location was a small care home for adults with learning disabilities or mental health needs who were often out during the day; we needed to be sure that someone would be in. Due to the small size of the service the inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection. We also reviewed the information we held about the service including the last inspection report and notifications the provider had made to us. A notification is information about important events, which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams who raised no concerns with us about the service.

During the inspection, we spoke with three people who used the service. We also spoke with the project manager, a support worker and a bank support worker. We looked at the care records for two people who were using the service and medication records. We also looked at a range of records relating to how the service was managed; these included two staff personnel files, which we reviewed at a recent inspection of another service owned by the provider, staff training records as well as policies and procedures.

Is the service safe?

Our findings

People we spoke with told us that they felt safe at the service. They said if they had any concerns they could raise them with the registered manager, staff or a relative. One person said, "I feel safe and secure here." Staff we spoke with told us they felt safe and comfortable to work at the flats as a lone worker.

Staff we spoke with and records we saw confirmed that they had received training in safeguarding vulnerable adults and whistle blowing. They were able to tell us what constituted abuse and poor practice and what action they would take if they witnessed an incident or a person made a disclosure of abuse to them. Staff were confident that the registered manager or the project manager would take the appropriate action if they raised concerns. Staff knew that they could raise concerns outside the organisation if they did not think their concerns were being addressed.

We saw that there was information available on the office wall about the local safeguarding reporting thresholds. The project manager told us about a recent safeguarding concern and how that was managed by the organisation.

At a recent inspection at another service owned by the provider, we looked at the personal files of two staff who also worked at this service to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. We saw that any gaps in a person's employment history had been recorded.

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that systems were in place to review any risks in relation to applicant's previous convictions to determine if they were suitable to work in the service.

Staff confirmed that as part of the selection process they had been interviewed for the post. This was to check they were of good character and had the right personal qualities to carry out their roles and responsibilities. This meant the provider had an effective recruitment and selection procedure in place and carried out the required checks when they employed staff.

When we arrived at the service, the project manager and a bank support worker were on duty. We looked at the staff rota and saw that a project manager and three support workers were based at the house. The rota showed that there was always a support worker on duty during the day and evening at one of the flats, with sleep in cover provided throughout the night.

Staff had access to the organisations on-call in case of an emergency or for advice. No outside agency staff members were used by the home. The organisation used either permanent support workers or regular bank staff to cover any absences. This meant that people were always supported by staff members who knew

them well. Staff said that it was important that people received consistent support.

We saw that fire safety checks were undertaken and that electrical fittings, portable electrical items, gas safety and the water test for legionella bacteria all had a valid safety certificate.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal emergency evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people received the support they require in the event of an emergency.

People told us that they were responsible for keeping their flats clean and tidy with support from staff if necessary. One person said, "I like to keep my flat clean and tidy. I do it myself." People confirmed that staff carried out health and safety checks at their flats.

Where possible people who lived in the flats were encouraged to self-medicate. One person said, "They pop in to do my medication." Medicines were also seen to be securely held in a lockable cabinet in the office of the main flat, the office was locked when not in use.

We were told by the project manager that no controlled drugs, no covert medicines or when required medicines to support behavioural management were used by the service.

The care files we looked at contained a declaration sheet that staff had to sign to show they had read and understood the content of the file, which included the person's medication. A copy of the organisation's policy and procedure was also on the health file for staff to refer to if needed.

Is the service effective?

Our findings

One new person had come to live at the flats. This person confirmed that they had visited the flats before agreement was reached to move in. They confirmed that they liked living in the flat. They said, "I can do what I want here" and "I get on with everyone they are good neighbours." The registered manager had visited the person to carry out an assessment. This would be done to ensure the service could meet the person's needs and that they would be compatible with the established group.

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. The application procedures for this in care homes and hospitals are called the 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 were being met. One person was subject to a DoLS. However, after reviewing the authorisation and person's care records we asked the registered manager to check whether the DoLS considered the 'acid test'. The 'acid test' asks when applying for a DoLS does the person lack capacity, is not free to leave and is subject to continuous supervision. The person's records suggested that this was not the case.

We saw that capacity assessments had been carried out in relation to each person's ability to make decisions about money, health and where they lived.

The project manager told us about a person whose behaviour at times challenged the service. They told us about the improvements in behaviour the person had made over the years. They said, "Everyone has strengths. We are always looking for people's strengths and ways to make their life better." No physical intervention was used at the service.

At a recent inspection at another service owned by the provider the registered manager had told us about the induction training new staff completed. The induction included visiting different properties and shadowing existing staff as well as completing the Care Certificate workbook. The Care Certificate is the minimum training standard that care workers are expected to achieve.

We saw a list of training that staff had completed which included health and safety, prevention and control of infection, fire safety, food hygiene, moving and handling and other basic training. This training was undertaken through the local adult care training partnership of which the provider was a member.

Feedback from the staff that we spoke with was positive. The project manager told us that there was a stable staff team in place who worked well together. A staff member we spoke with confirmed this.

We saw that people developed weekly individual menus taking into account their likes and dislikes with staff if they wanted to. People shopped for their own food and were involved in preparing and cooking food as much as they were able to.

We looked at the people's health action plan records. Records confirmed the names of their doctor, dentist, optician and chiropodist and that they had regular check-ups with them.

People had a 'Traffic Light Passport' on their files. This was important information for an adult with a learning disability to bring into hospital that all nurses and medical staff must read. This was to ensure that hospital staff clearly understood the care and support needs of the person concerned so they could support them in a safe and effective way.

The registered manager told us that they were a member of a steering group at the local hospital. The group were looking at ways to improve the experience of people with learning disabilities when they attended appointments or stayed in hospital.

Is the service caring?

Our findings

Most people who lived at the flats had done so for a long time and knew each other well. One person told us, "I am very happy here. The staff are excellent and are a good team. I get on well with my keyworker." Another person said, "I am well happy here."

We saw that people had keys to their flats, which were individualised with people's own furniture and personal possessions.

Interactions between people and the staff supporting them were seen to be frequent, friendly and the atmosphere was calm and relaxed. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs.

We saw on people's records that there was a section on 'How I Communicate'. This gave staff information about how people communicated verbally and non-verbally with others.

We saw that the service had a mission statement and a set of values that were clearly displayed and that staff within the service were expected to promote. The values had also been produced in a pictorial and 'easy read' version so that people who used the service could understand how staff were expected to support them. The values made reference to the importance of inclusion, a sense of worth, empathy and not being judgemental, being fair and transparent, empowerment and about people being equal but different.

Arrangements were in place for people to practice their religious beliefs and attend religious services. We were told by a person we spoke with that the Jewish faith and culture was observed for example, celebrating Shabbos and buying kosher food. Staff received Jewish awareness training to ensure they followed traditions correctly.

We saw that staff received equality, diversity and human rights training. We saw that there was information about how to access advocacy services on the home's noticeboard. We saw that there was a statement about ensuring people's rights to confidentiality displayed on the office wall.

We noted that Jewish people were members of the burial board and were therefore aware of arrangements, which would be put in place following their death.

Is the service responsive?

Our findings

People we spoke with knew that they had a support plan. We looked at two people's records. We saw that were able people had been involved in developing their personal support plan.

For easy reference, people had a one page profile. The profile gave information about the person for example, their likes and dislikes. There was also information about what a good day or a bad day would be like for the person. We saw that the records showed that people's individual needs, choices and preferences were recorded. In the 'If I had a magic wand' section of their records people had said what goals they wanted to achieve and their progress against these was regularly monitored.

Records showed that people's independence was promoted. Where the person was able to do tasks independently the person centred record was completed in black. If they needed additional support, directions for staff to follow were written in blue. Where there was an identified risk they were written in red with clear instructions to staff as to how the person must be supported. The records we saw had been signed by the person to show their agreement to the plans. A monthly update sheet was completed for each person. This helped to ensure records were accurate and up to date. Some people completed their own daily reports.

Wherever possible people who lived at the flats were encouraged to maintain contact with their family and friends. During our visit, one person was visiting relatives.

We saw the organisation provided many activities for people to become involved with if they wanted to. For example, Get Up and Go Group, the leisure group, the drop in centre and the friendship circle. People told us that they had 1:1 time with staff sorting out their money and going shopping.

We saw that people also accessed activities outside of the organisation, for example, going to car boot sales, to a day centre, to the local pub, out to work and riding their bike.

The registered manager told us the provider had developed both staff and service user forums. These provided the opportunity for people to discuss ideas for improving the service. We saw the minutes from the last service user forum held on 7 April 2016. We saw that a range of issues were discussed which included the Get Up and Go group which offered a range of activities and trips for people to be involved in, articles for the services newsletter and ideas for trips out from the drop in day centre. The forum gave people the opportunity to influence how the service was run. The minutes also gave feedback from the Looking Forward Forum run with the local advocacy group Bury People First, which helps to influence improvements of local services for people with a learning disability.

We looked at the arrangements for making a complaint or raising concerns. We saw that a complaints log was in place. There had been one formal complaint recorded in relation to service, which was recorded.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager was responsible for five registered services, which provide accommodation for people who require support with personal care. All five services had recently been inspected by CQC. A project manager managed the house on a day-to-day basis and supported us to undertake the inspection. Project managers had access to leadership and management training.

Prior to the inspection, we checked our records and saw that the registered manager had notified us about accidents or incidents that are a statutory requirement. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe. We also contacted the local authority safeguarding and commissioning teams who raised no concerns with us about the service.

The home had a health and safety file. The general health and safety policy clearly identified who was responsible for ensuring that any necessary tasks were completed. Records showed that weekly health and safety checks were carried out at the service, for example, hot water temperatures and environmental checks.

We saw that the organisation had a wide range of accessible policies and procedures for staff to guide them in their roles and responsibilities.

The registered manager carried out a bi-monthly check, which ensured the above checks were carried out as well as reviews of support plans, health appointments, staff training, team meetings and supervisions. We noted that the registered manager had put an action plan in place for any identified shortfalls to help ensure that the outstanding task was completed.

A staff member we spoke with told us that they enjoyed working at the service. They told us that the registered manager was approachable and supportive and they felt comfortable to raise any concerns with them. They said that the managers would, "Do the right thing."

We saw that staff meetings and staff supervisions were held on a bi-monthly basis. This meant that staff had the opportunity to raise any concerns they had and also share any ideas on how to improve the service. We looked at the minutes from the last staff meeting held on 11 May 2016. We saw that discussions took place around a range of topics, for example, health and safety, training, service user updates and organisational updates. We also saw minutes of the staff forum.

We saw information that showed that a new service user monitoring group had been introduced. This was a group of service users who had been trained to carry out monitoring visits supported by a member of staff. The service users who carried out the monitoring visits were not allowed to read other people's files or to go into people's bedrooms. This showed the provider was respectful of people's right to privacy.

We saw records that showed the provider undertook an annual satisfaction survey with people who used

the service. We looked at the responses from across all the services delivered by the provider and saw that the majority of responses were very positive.