

Westward Care Limited

Outreach Office

Inspection report

Headingley Hall Care Home, 5 Shire Oak Road
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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

We undertook an announced inspection of Outreach Office (DCA) on 1 March 2016. We gave the provider 48 hour notice of our visit to ensure the registered manager of the service would be available.

Outreach Office is a domiciliary care agency (DCA) and provides personal care services to people in their own homes. At the time of our inspection 18 people were receiving a personal care service.

At our last inspection in January 2014 the service was judged to be meeting all of the regulations we inspected at that time.

The service had a registered manager in place. 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.

Staff and people told us they were able to speak to the registered manager if they had any concerns. The service completed observations on all staff whilst they supported people and formal supervisions were in place to look at support and training for the staff. This meant that people were supported in their role.

The service was meeting the requirements of the Mental Capacity Act 2005. We asked staff on the day of the inspection their understanding of the Mental Capacity Act 2005, all the staff we spoke with said they would always assume people have capacity first. One staff member said "if I had a concern around someone's capacity then I would speak to my manager straight away." Staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the Mental Capacity Act (2005).

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it.

We spoke to four people who received care/support from Outreach Office, three relatives and three staff. The people we spoke with all said that they felt safe in their home whilst care and support was provided.

People had care plans in place which were individual to their own needs. These included risk assessments around support and also involvement from outside professionals.

Records we looked at and in our discussions with staff we found staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments when requested and provided personal care as required to meet people's needs.

There were effective systems in place to monitor the quality of the service.

Outreach Office had a complaints procedure in place. People who used the service and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy.

There was an accident and incident file in place. Accidents had been recorded and actioned by the registered manager.

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.

The staff had a good knowledge of safeguarding procedures and how to put these into practice.

There were enough staff to meet people's needs and a robust recruitment process was followed before staff were employed.

There were appropriate arrangements for the safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions every two months which were carried out in line with the provider's policy.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Is the service caring?

Good ●

The service was caring.

People were complimentary about care workers.

The service promoted privacy, dignity and independence well.

People were involved in making decisions about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place at the service and people were involved

in their own plan.

People said the registered manager and staff listened and felt confident that any concerns or complaints would be dealt with.

Is the service well-led?

Good ●

The service was well led

Staff told us they were supported by the registered manager.

Accidents and incidents were recorded and addressed by the registered manager.

The home had mechanisms in place which allowed people using the service to provide feedback on the service provision.

Outreach Office

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 inspection took place on 1 March 2016 and the visit was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. This inspection was carried out by one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. 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 contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 18 people receiving personal care from the service. We spoke on the telephone, with four people who used the service and three relatives. We visited the provider's office where we spoke with the registered manager, deputy manager and three staff. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans.

Is the service safe?

Our findings

People we spoke with told us they were happy with the service. One person told us, "Yes very happy, meets all the things I need and some I didn't realise I needed." Another person told us there needs had changed and they had a meeting booked with the social worker to discuss this. All the people we spoke to said that they felt safe as they all had their own risk pendant or bracelet which they could use to alert staff in an emergency. We spoke to one relative who told us, "I can't rate it highly enough. My relative constantly tells me that it's the best decision they had made and the best place for them."

Staff had completed training in safeguarding vulnerable adults. This was evidenced in their staff file and also through staff speaking to staff they were knowledgeable in recognising signs of potential abuse and how to report any concerns. Staff told us they would go straight to the registered manager with any issues or concerns they had. The service had a safeguarding policy in place.

People told us they were mostly responsible for their medications, but care workers would sometimes support them to take their medication at a regular time. We saw staff clearly understood the importance of medication routines, confirming that sometimes people needed to be supported to take their tablets. Staff told us why people took their prescribed medications and the importance of taking medication at the right time.

Staff were able to tell us about peoples medication and any side effects which could occur. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. We looked at two peoples medication records and these were completed and signed by staff and we were told by staff these were stored in the persons own room in a locked cabinet. This was evidenced on the day of inspection.

We saw risk assessments were completed to assess any risks to a person using the service and for staff who were supporting them. Risk assessments were in place around personal care in their home and the support needed for the person. Moving and handling training and also the use of any equipment including hoists were completed by all staff. This was evidenced through staff files and also through staff discussion on the day of inspection.

We saw accidents and incidents were appropriately recorded. These were reported straight to the registered manager so that appropriate action would be taken. Staff were aware of the paperwork to be completed in the event of an accident.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. One member of staff said, "We have enough time to sit and talk to people, we never have to rush." Another staff member told us, "I feel we have enough staff to do our job." People told us, "The carers are always here on time, if they are running a couple of minutes late they let us know but it is not often that happens." Everyone we spoke with told us they had never had a missed call.

Recruitment procedures were in place and the required checks were undertaken before staff could commence work. All staff had been checked with the Disclosure and Barring Service (DBS) The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The registered manager said applicants attended an interview to assess their suitability for the role and we saw this evidenced through staff interview questions. All staff contracts were in place and signed by staff before starting their role. Staff undertook an induction programme and shadowed senior staff and attended all mandatory training before commencing work.

Is the service effective?

Our findings

People we spoke with felt their care workers were well trained. One person told us, "The staff are always respectful." Another person said, "Yes they really know their job, very experienced." A relative told us, "Yes they are all on the ball with everything. [Name of person] needs extra support so they check on him more often if and when needed." Another relative told us, "Yes they don't need any more training."

Staff received supervisions every two months which incorporated discussions around training, people they support and care plan reviews were addressed in a standardised format at each supervision. This was evidenced within the staff files and also in discussion with staff. Staff said they felt supervisions were effective. One staff member told us, "We all have our own care plans to review monthly, this is always discussed in supervision along with training to make sure we have completed what we need to do."

People were supported in their home and in the community where needed by staff that had the knowledge and skills to meet their needs. Training was completed for all staff both face to face on induction then most training was then completed online through e-learning. Staff who spoke with us confirmed that all training had been completed and on-going training was available. This was evidenced on the rota at the time of inspection. One staff member told us, "Always opportunities to complete training and we are encouraged to do this."

Most of the people who received care from Outreach Office had the capacity to make their own decisions at the time of our inspection. For the people who did not have capacity to make decisions, family and health professionals involved in their care made the decisions in their "best interest," in line with the Mental Capacity Act (2005). The Mental Capacity Act (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Families were involved in developing the care and support plan with their relative to identify any needs that were required from the service and how this would be carried out. Staff were aware and had received training in the Mental Capacity Act. The registered manager had already arranged best interest meetings with families and the people who use the service; these were all booked in for March 2016 and all families had been contacted.

People did not need support at meal times. People could access the communal dining area for lunch and dinner or choose to have their meals in their own home. People we spoke with told us they were happy with the levels of support given to them in regard to food and drink. People had a choice of what they would like for their meals. Staff had received training in food and safety which was evidenced in their staff file and also in discussion with staff they confirmed they had completed this training.

In the PIR the provider told us, We liaise with the G.P. surgeries to ensure all clients have the opportunity to be immunised against flu to help to maintain their health during the winter months. A recent Dignity & Privacy survey has been completed which has shown that clients feel they are being treated as they should be.

We were told by people using the service that most healthcare appointments were made by themselves or their relatives. If staff had a concern about anyone they support they told us they would phone the GP.

Peoples care records included all details of their GP, opticians and their dentist. The care plan also included any issues around the person's health so that the staff could support them if the person required this. A GP attended the residential side twice a week which people in their own homes had access to. The registered manager told us that the GP would come to see people in their own home if they had a concern, and they had done that. "It is good that we have such good support from the local surgery."

Is the service caring?

Our findings

People and their visitors spoke highly about the staff and the experience of care they received. One person who used the service told us, "I am happy with the care. I am provided with staff who are here 24 hours a day. We have two carers and both are brilliant, they are more like friends than carers." Another person said, "[name of staff] are caring, in fact too caring. They take the job to heart it is not a job it's a vocation. Both are really good at their job." A relative told us, "Brilliant couldn't fault them." Another relative told us, "The carers are good I have seen [name of person] be confused when they have had an infection and staff deal with the situation really patiently, being friendly and professional. If I had to come up with an idea of how support should be it would be this model, it is very caring and supportive."

Staff told us ways in which they were mindful of people's privacy and dignity when providing support and assistance. These included ensuring doors and curtains were closed before carrying out personal care tasks, being discrete when talking to people about their care and always knocking on doors and waiting to be invited into people's rooms. People told us, "Staff are always respectful." Another person told us, "Oh yes, no worries there at all." One relative told us, "The staff are always respectful." Another relative told us, "I like to think they are with [name of person] I have no reason to think otherwise. It is all done on a very friendly sort of basis. Carers know me and we get on quite well."

We spoke with staff about how they ensured they respected people's right to confidentiality. One staff member said, "We would never talk about anyone outside of work." Another told us, "People's care plans are kept in the office which is locked – we can get to them when we need them but this information is private and kept that way."

We spoke with staff about the care and support they provided for people. Staff were able to discuss in detail individual preferences and needs and spoke with fondness about people they supported. One care worker told us, "I really enjoy my job. I enjoy working with the clients and supporting them with their care."

In the PIR the provider told us, 'We ask the views of clients using our service how they feel about the service they receive in support planning reviews to ensure what we are actually delivering is what they want and need. As we are only very small services we can respond to clients individually and be more flexible to their needs without affecting other clients waiting for help.'

We found everyone we spoke with could tell us how they were involved in writing and reviewing their care plans. One person said "I am involved in my care plan; it is discussed with me and my son or daughter in law." Another person told us, "I have read my care plan and it has everything I need in there, they know all my little things I needs. It's just like a family." A relative told us, I am fully involved in the care plans, with [name of person] and the team. We have reviews but also interim meetings if things change such as recently more support was needed at bed time, they listened, we discussed it and things changed with the support. There is a good framework and they always listen and act upon things, we have a very good relationship." We saw evidence of six monthly regular reviews of all the care plans we looked at with family involvement. We spoke with staff who told us they tried to involve people in the process as much as possible.

Is the service responsive?

Our findings

Staff were knowledgeable about the preferences and interests of the people they supported. The staff were also aware of any health and support needs people needed to provide them with a professional service.

Staff supported people to access local communities, shops and outings to minimise the risk of people becoming socially isolated. Outreach Office had a dining area which leads through to a conservatory so people could socialise together. The conservatory was also used to hold activities which were arranged by the people who lived there. There were hairdressers in the residential side of the building which people from the Outreach Office could access.

Activities were available to people in the Outreach Office, these could be accessed by the residential side if people would like to attend them. Social activities and outings for March 2016 were on the notice board in the reception area. These included, wine tasting, chat and bun tasting, glass painting along with dominoes and cards. There were allocated day trips out to local cafes and restaurants. People told us they were happy with the activities they received and they could choose when they would like to participate in these. At the time of inspection a few people were sat in the conservatory chatting with a cup of tea. People looked happy and relaxed.

Outreach Office had a 'Dignity tree' located in the conservatory for dignity action day on 1 February 2016. People had put comments on what they thought dignity meant. Some of these comments included, 'Treating others as I would like to be treated.' 'Treat people as individuals and with love.'

People received care which was personalised and responsive to their needs. People were allocated staff who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the care plans for four people who currently used the service. The care plans were written in an individual way, which included people's preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care and medication. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person they supported.

People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said, "I always encourage people to do as much of their own personal care as they can I feel this is really important." We looked at care plans and these reflected the changes throughout the people's independence over the last year.

In the PIR the provider told us, We visit each client at least daily on a Wellbeing check to ensure that the client is okay. Where requested the team will visit again in the evening.

People received 'wellbeing checks' on a morning and evening every day. The registered manager told us

these were an important part of the care package they provided to people. Staff told us that it was just a check to see if people were ok throughout the day and just to say hello sometimes. People we spoke with confirmed these were happening. One person we spoke with told us, "Yes they pop there head round the door daily to check if we are ok."

In the PIR the provider told us, We ensure clients are aware of how to and who to contact if they have grumbles and complaints. These are seen as an opportunity to learn, adapt improve and provide better services. Complaints will be dealt with promptly, fairly and sensitively following the organisations Complaints Policy and taking in to account our Duty of Candour. A recent survey of the clients using our regulated activity confirmed that 100% know who to complain to should the need arise.

People who used the service were aware of the complaints policy. We saw a complaints procedure in place with any actions needed by the registered manager. The registered manager said they would deal with complaints by contacting the people themselves if necessary or would write a letter to the person involved. There had been no complaints in the last 12 months.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager dealt with day to day issues within the service and oversaw the overall management of the service.

In the PIR the provider told us, 'I see myself as an approachable leader; which enables people to make comments or raise concerns without fear and in confidence knowing that I will do my utmost to deal with issues raised to a satisfactory outcome.'

People told us they could talk to staff and management if they had any concerns. One person said, "I would speak to the manager or a higher level." Another person said, "I would tell the manager or go to [name of proprietor] but I have never had to do this. It is a brilliant place, my husband visits and my children. Even my husband is treated well when he visits." One relative told us, "Yes we know who to speak to if we had a concern but we have never had to."

Staff spoke positively about the registered manager and said they were happy at work. They knew what was expected of them and understood their role in ensuring people received the care and support they required. One member of staff said, "I am much supported I can talk to any member of staff or the management team about anything. Another member of staff said, "Good team. We all get on well. I received supported from the minute I started work here."

Staff meetings were held which gave opportunities for staff to contribute. The staff meeting minutes for January 2016 showed discussions included care plans, medication, rotas, best practice, training and safeguarding. The registered manager said the staff meetings were held four times a year and the minutes were made available for all staff to read. Staff confirmed this happened. Newsletters were disseminated to people who use the service. We looked at the most recent newsletter from January/ February which included pictures from the Christmas party, pantomime to see chitty chitty bang bang. There were also updates on what had happened and what was in place over the next two months.

Staff had completed a survey in December 2015. 85% of staff felt senior staff were always approachable, 15% felt they were mostly approachable.

We saw questionnaires to people who used the service were also carried out on an annual basis by the provider. We saw that responses were positive. This showed that people's views and opinions were taken into account in the way the service was provided. 100% of people told us staff respected their privacy. 83% of people told us they had their preferences met, 17 % did not comment. 100% of people said their choice were promoted at all times.

The registered manager told us they had a system of a continuous audit in place, which included care plans, alarm audits, supervisions, complaints, safeguarding and medication records. The registered manager told us all care plans were reviewed to ensure quality service provided and they signed the care notes in the files when this was done. All staff had a responsibility to checks of all the care plans monthly. Documentary

evidence of this was seen.

The registered manager told us a monthly summary of accidents and incidents was completed. This was evidenced on the day of inspection. They confirmed there were no identifiable trends or patterns in the last 12 months. We saw individual incident forms had been completed and where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences.

Is the service well-led?