

Community Outreach Ltd

Community Outreach

Inspection report

370 Carter Knowle Road
Sheffield
S11 9GD

Date of inspection visit:
04 February 2021
05 February 2021

Date of publication:
19 March 2021

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Community Outreach is a domiciliary care agency. The service changed its name since the previous inspection from 'The Potergate, Ecclesall Road'. It provides personal care to people in their own homes in the community. At the time of inspection four people were receiving support.

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

People and their relatives were happy with the service and leadership. However, ineffective systems which measured the quality and safety of services provided put people at risk. The provider was open about the difficulties the service faced before we came to inspect and recognised the service needed to make significant improvements. During and after the inspection the provider showed they were committed to addressing our concerns and sent a list of actions they planned to take.

The service had marginally improved in areas relating to people's health and safety since the previous inspection. Risks were assessed and managed, and people received their medicines as prescribed. People told us they felt safe and staff attended care calls on time and stayed for the duration of the call. There were continued issues with recruitment practices, which meant we were not assured staff employed by the service were suitable for the role.

Staff training and support did not promote safe and effective care. There were significant gaps in staff training and the support staff received was inconsistent. Despite these concerns, people consistently commented the care they received was good. Assessments were carried out to ensure needs could be met. Assessments captured people's choices, preferences and personal support needs. People told us staff always asked for their permission before providing care and support. However, for people who lacked the mental capacity to make decisions about their care, the policies and systems in the service did not support people to have maximum choice and control of their lives.

People's care records were personalised and contained information to support staff to get to know people and provide care in accordance with their preferences. However, the service did not keep accurate records in respect of changes or decisions about people's care.

People told us staff were kind and they received support from the same core group of staff, which promoted good continuity of care. Staff provided personalised support and actively encouraged people's independence whilst delivering care.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 2 September 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment, staff training and support, systems of governance and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate 

Community Outreach

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

The inspection was carried out by three inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats.

The service had a manager in place but they were not registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with the two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records, staff files and records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to demonstrate they followed safe recruitment procedures. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Safe recruitment procedures were not consistently followed to ensure only staff suitable to work in the caring profession were employed.
- All staff had received a Disclosure Barring Service (DBS) check, but we saw continued issues where gaps in staff employment histories were not explored or followed up on in interview. We saw references and verification of staff identity missing from some staff files.

Whilst we found no evidence that people had been harmed the service failed to demonstrate they followed safe recruitment procedures. This is a breach of Regulation 19 (Fit and proper person employed). The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

- The provider assured CQC they will retrospectively review all staff recruitment records to ensure legal requirements were being met.
- Sufficient numbers of staff were employed to safely meet people's needs and records showed that people received good continuity of care as they were supported by a regular care team. People and their relatives told us that staff stayed the amount of time needed and if running late, they were usually informed in advance.

Using medicines safely

At our last inspection the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed, but further improvements were required to quality

assurance processes to promote people's safety. For example, audits of people's medicine administration records had started but this was not being completed consistently. The provider had a framework to assess staff competency to administer medicines, but this had not started at the time of our visit.

- Since the previous inspection staff were trained on how to administer medicines safely and medication care plans were implemented to provide staff with guidance on what support people required for prescribed medicines.
- Despite some of our concerns, the feedback we received from people and their relatives about the medicines support was consistently positive.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to demonstrate they assessed all risks to the health and safety of service users of receiving the care or treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks.
- The provider told us risk assessments and care plans were updated as and when people's needs changed. As reviews were not recorded, we were not robustly assured this had happened. Please cross refer to the 'responsive' section of the report, where we go into more detail about what improvements we expect from the provider.

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

- Everyone we spoke with told us they felt safe in the company of staff.
- There were no recorded accidents, incidents or safeguarding concerns since the previous inspection.
- Not all staff had received training in safeguarding, which was a requirement of the provider's policy on safeguarding vulnerable adults. Please cross refer to the 'effective' section of the report, where we go into more detail about what improvements we expect from the provider.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons.
- All care staff were trained on how to prevent and manage infection risks.

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 key question. This key question has been rated inadequate. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received minimal training from the service. This was a small improvement from the last inspection, but significant gaps in staff training remained, and in areas relating to people's safety. For example, some staff had not received training in safeguarding vulnerable adults or first aid.
- Staff did not receive supervisions or appraisals at the frequency as outlined in the provider's policies and procedures. Ongoing support to staff was provided on a more ad-hoc basis via telephone or text messages with the nominated individual.
- New staff received an induction when they started working at the service and completed one day of shadowing. As the provider had limited recorded information about what the induction process included, we had concerns the induction was not sufficiently robust to prepare new staff for the role of care worker.

Whilst we found no evidence that people had been harmed, the service failed to ensure persons employed had received such appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

- The provider assured CQC they were taking steps to address gaps in staff training.

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

At our last inspection the provider had failed to robustly demonstrate they carried out an assessment of the needs and preferences for care and treatment of all people who used the service. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The service assessed people's needs before they started using the service, to check the service was suitable for them. We saw clear evidence of these assessments in people's care files. A personalised care plan was then written, which people and their relatives contributed to, so care could be delivered in accordance with their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Most staff were not trained how to manage food hygiene risks when preparing people's food. No staff had received training on how to support people effectively with nutrition and diet. Despite our general concerns in respect of eating and drinking support, people and their relatives said they were happy with the support they received. One relative commented, "We chose Community Outreach because we wanted a care team who understood my father's culture, food likes and interests."
- People's care file showed that their needs had been assessed in relation to eating and drinking and took into consideration their preferences and dietary requirements.
- The provider told us they sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required. Discussions, visits or meetings with professionals were not always recorded. Please cross refer to the 'responsive' section of the report, where we go into more detail about our findings and what improvements we expect from the provider.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- For people who lacked capacity, the provider's process of obtaining consent from a person's representative was not sufficiently robust to clearly demonstrate when the MCA had been followed. For example, in one person's care file their relative had consented to them receiving a service from Community Outreach on their behalf, but there was no information to show the person lacked capacity to make this decision themselves, or the relative had the legal authority to make this decision on their behalf.
- Staff were not trained on the MCA but showed a practical understanding of always asking people's permission before providing care.
- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- Feedback from people and their relatives about the standard of care they received was consistently positive. People and their relatives told us staff were kind, caring and promoted their independence. Comments included, "I have no complaints, staff are very, very nice" and "Staff are good at pushing back to promote my Mum's independence and getting her to do the things they know she can do for herself."
- In addition to the running of the service, the nominated individual was highly involved in the delivery of people's care. This arrangement benefitted people as they had regular contact with the nominated individual and changes which ordinarily required a manager to approve, happened almost instantaneously. Everyone we spoke with knew the nominated individual by name and commented they were extremely approachable and attentive to their needs.
- People told us they were involved in developing their care plans and knew their regular care workers well. The service also valued involvement from people's families and encouraged them to be involved in their care as much or as little as they felt comfortable with. One relative commented, "I see [nominated individual] every week and every month, we always have a good chat about what's going off. From our perspective [nominated individual] has been a godsend." Another relative commented, "Absolutely fantastic, I can't praise [nominated individual] enough. We text each other all the time to make sure my Mum's care is right."
- People's choices in relation to their daily routines were listened to and respected by staff.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Ensuring people are well treated and supported; respecting equality and diversity

- Through talking to people and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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 key question. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care files contained person-centred detail. Most people had a 'daily routines' plan in place, which provided clear instructions to staff on what support tasks were required at each scheduled visit. We saw one file where there was no daily routine plan in place.
- Reviews and changes to people's care records were not being recorded. In care records there were often handwritten changes, with no clear audit trail of when, why or who made this change. In addition, discussions with people, their family or other relevant persons were not recorded.

Whilst we found no evidence that people had been harmed, the service failed to maintain securely an accurate, complete and contemporaneous record of each service, including a record of the decisions taken in relation to the care and treatment provided. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

- The provider understood after the inspection they needed to keep an accurate record all of reviews, discussions and decisions in relation to people's care, in accordance with regulation.

End of life care and support

- There was limited information in people's care plans about their priorities for care when they reached the end stages of their life. Staff were not trained on how to support people who were dying or coping with bereavement.
- At the time of our visit no one was receiving end of life care. The provider assured CQC the service would put plans in place and work with external health professionals associated with people's care to ensure people's needs would be met.

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.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- The provider was able to provide information to people in alternative formats if this was required.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- There had been one complaint since the service began operating. It was clearly logged with an outcome and a response issued to the complainant.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to demonstrate they had systems and processes in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Community Outreach's leadership team consisted of the nominated individual, who was the owner, and the person responsible for the day to day running of the service. The nominated individual had a background in care, but was inexperienced as a service manager.
- The nominated individual's long-term intention was to appoint a manager who would register with the CQC. It is a legal requirement all care services have a registered manager in place.
- Since the previous inspection the provider had addressed most of our concerns in relation to medicines and people's risk assessments. As mentioned in the 'safe' section of the report, quality assurances processes relating to people's medicines were not embedded.
- Despite these gradual improvements, continued and new issues of non-compliance remained, which in some cases were a safety concern. There had been repeated failings associated with staff recruitment and the systems of governance. There were new concerns in relation to staff training, induction and support. In addition, decisions which affected people's care were not clearly recorded in care plans.
- The provider had policies and procedures which covered all aspects of service delivery. However, policy requirements were not followed. For example, the provider was not meeting policy requirements in respect of quality assurance and auditing. Many of the provider's audit processes, such as care plan audits or spot checks of staff competence had not commenced.

Whilst we found no evidence that people had been harmed, the provider had failed to demonstrate they had systems and processes in place to monitor and improve the quality of the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood improvements to the service were necessary and areas highlighted in this report

as potentially impacting on people's safety, CQC were seeking assurances from the provider during and after the inspection.

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 nominated individual was involved in people's care delivery and they encouraged a person-centred culture and lead by example.
- Systems which promoted an open and person-centred culture were not yet embedded. For example, there was limited evidence of regular staff engagement, through surveys, team meetings or one to one discussions.
- The provider had mechanisms in place to gather feedback from people and their relatives. Feedback was analysed to look for themes and trends, so appropriate and proportionate action could be taken.

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; Working in partnership with others

- The nominated individual understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts. However, as mentioned in the 'safe' section of the report, due to a lack of staff training we were somewhat assured staff knew how identify and report suspected abuse.
- Discussions with the nominated individual confirmed they were very open and honest about the service.
- The manager was developing relationships with other professionals to improve partnership working.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure an accurate, complete and contemporaneous record in respect of each person was maintained.</p> <p>The registered provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to operate effective recruitment procedures to ensure that persons employed meet the conditions as specified in Schedule 3.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to operate effective recruitment procedures to ensure that persons employed meet the conditions as specified in Schedule 3.

The enforcement action we took:

Notice served