

Community Outreach Ltd

Community Outreach

Inspection report

370 Carter Knowle Road
Sheffield
S11 9GD

Date of inspection visit:
01 September 2021
02 September 2021
03 September 2021

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13 October 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Community Outreach is a domiciliary care agency. It provides personal care to adults with a range of support needs in their own homes in the Sheffield area. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection seven people were receiving support with personal care.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; in the main the policies and systems in the service supported this practice. However, we recommended the manager consider current guidance on gaining consent where people lack capacity and to update people's care records to evidence this.

Safe recruitment procedures made sure staff were of suitable character and background. Staff had received training in safeguarding vulnerable adults. There were enough staff deployed to meet people's care and support needs in a timely way. People received their medicines as prescribed.

Staff were provided with relevant training and ongoing support to make sure they had the right skills and knowledge to support people. Staff told us the manager was approachable and they felt supported in their jobs. People were supported to eat and drink to maintain a balanced diet, where required. People were supported to maintain good health and have access to health and social care services.

There were systems in place to monitor and improve the quality of the service provided. The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. Improvements had been made by the manager since the last inspection. They had implemented a service improvement plan since the last inspection to further develop and sustain these improvements.

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 20 March 2021) 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 we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 August 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We previously carried out an unannounced comprehensive inspection of this service on 4 and 5 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve recruitment procedures, governance of the service, and staff training and support.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Outreach on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

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 team was made up of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider was looking to recruit a manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 September 2021 and ended on 3 September 2021. We visited the office location on 1 and 3 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives about their experience of the care provided. We met with the manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three members of care staff.

We looked at written records, which included three people's care records and three staff files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. This included reviewing policies and procedures.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The process of recruiting staff was safe. Staff personnel files contained enough information to help ensure people employed were of good character.
- There were enough staff deployed to cover people's calls in a timely way. Comments from people included, "I generally get the same carer every week. They [staff] normally turn up on time and I'm satisfied they cover all their duties". Relatives told us, "To my knowledge the carers have never been late, and if they were I'm confident that the office would let me know" and "The staff have never let us down and we have never had an occasion when we had missed calls."
- People confirmed they usually saw the same group of staff. Relatives told us, "We only ever have two carers, so we always know who's visiting and the staff attend the full allocated time and do all the duties" and "We generally get the same carer every day. [Care worker] has a very friendly personality rather like a family member."
- Staff told us they had enough time to stay the allocated time and enough time to travel between calls.

Using medicines safely

- People received their medicines as prescribed. Relatives told us, "The staff make sure [relative] gets their medication safely" and "The staff makes sure [relative] takes their medication because [relative] tends to hide it otherwise."
- People's care records contained medication administration records (MARs). Staff completed these every time they supported a person to take their medicines. Completed MARs were returned to the office to be audited. Any issues were shared and discussed at team meetings.
- Staff had received training in medicines management and their competency in this area was checked.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the service they received. One person told us, "I feel safe and fine about the care I get."
- There were systems in place to help protect people from abuse. Staff had received training on safeguarding vulnerable adults and were able to tell us what they would do if they suspected abuse had

taken place. Staff were confident any concerns they raised would be taken seriously by the manager and acted upon appropriately. A member of staff told us, "[Name of manager] would definitely take it [safeguarding concerns] seriously."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were no recorded accidents, incidents or safeguarding concerns since the previous inspection. The manager had systems in place to record any that may occur in the future.
- Risks to people were managed. Staff knew people well. Where risks to a person had been identified there was an associated care plan with guidance for staff on how best to manage and reduce risk.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infections. Staff told us they had access to personal protective equipment (PPE), such as plastic aprons and gloves.
- People and their relatives told us staff wore PPE when supporting them with personal care. Comments included, "They carers wear masks when working and keep the working area clean and tidy", "The hygiene standards are very good" and "The staff always wear the appropriate protective clothing including masks when working, and their hygiene is very good too."

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.

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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Not all staff had received training on understanding the MCA. However, they were able to tell us in practice how they gave people choices and gained their consent. One person told us, "They often ask for my consent before carrying out care duties, although many of the duties are straight forward."
- It was not always clear whether people had capacity to consent to their care and treatment. Where people did lack capacity it was not always clear their relative had the appropriate authority to act on their behalf.

We recommend the manager considers current guidance on gaining consent where people lack capacity and to update people's care records to evidence this.

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 maintain securely an accurate, complete and contemporaneous record of each service user, including a record of the decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17 (Good governance) 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 17.

- The manager assessed people's needs before they started using the service.
- Care records were person centred. Care records contained useful information for staff about the person's

needs, preferences and life history.

- Relatives told us they were involved with initial care planning and regular reviews thereafter. Comments included, "I have been involved in my [relative's] care plan and review it every six months and tweak it to suit the care [relative] needs" and "I've been involved in [my relative's] care plans not long ago and they are up to date."
- Some care records continued to contain handwritten updates, with no clear audit trail of who made the change, including when or why they had made the change. The handwriting was not always easy to read. The manager was aware of this and continued to work with staff to improve record keeping.

Staff support: induction, training, skills and experience

At our last inspection the provider had 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 was a breach of Regulation 18 (Staffing) 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 18.

- Relatives told us staff were well trained and competent at their jobs. Comments included, "As a relative onlooker, I think the staff are professionally trained to provide effective care for my [relative]", "I'm confident that the staff are adequately trained for the job" and "I think the staff are well trained and show professionalism in their work."
- Staff told us they received the training and support they needed to carry out their jobs effectively. Staff told us they had an induction to their jobs and could access training. Staff new to care were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care. Not all staff files contained evidence The Care Certificate was being completed. The manager agreed to ensure all staff had completed this training.
- Staff told us they received regular supervision and they found this useful. Staff files contained records of supervision meetings taking place.
- Staff received ongoing support from the manager. One member of staff told us, "I get good training, I had an excellent induction, I am supported in my job and I enjoy what I do."

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink. A relative told us, "My [relative] is very set in their ways in the food they like, but the staff know exactly what [relative] wants."
- People's nutritional needs and preferences were documented on their care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access health and social care professionals. A relative told us, "My [relative's] health needs are valued very well. For example, the staff responded very well when my [relative] had a dizzy spell and phoned the doctor for helpful advice. The manager got involved too."
- Daily logs were completed to reflect the person's current health and wellbeing. Visiting professionals also used the daily logs to record their interventions. For example, one person's care record showed evidence of staff liaison with Older Adults Home Treatment Team nurses.

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 now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager had implemented a service improvement plan since the last inspection to address the concerns raised. We need to see these improvements developed and sustained before this key question can be rated as good.
- The provider was actively looking to recruit a manager who would register with the CQC. Previous attempts had been unsuccessful.
- The manager had effective quality assurance and governance systems in place. The manager undertook audits of care and electronic medicines administration records. The manager told us they were also going to start auditing daily logs. Staff competencies in medicines management and providing safe care were observed. Where issues were found we saw records of these being discussed with staff.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Paper copies were held in the office for staff to access. Staff confirmed they had access to them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People who used the service and their relatives spoke highly of the manager and their professionalism. Comments included, "[Manager] is very pleasant to talk to and can resolve any issues if required", "Over all the manager runs the service very well indeed and you can approach them at any time and they will do their upmost to help" and "I'm very familiar with the manager and feel as a relative I can discuss issues with them at any time."
- The manager also provided care and support to people. They clearly knew people and their needs very

well. The manager told us, "I like to work with all new clients initially. I find out about their needs better and then can match them with the right member of staff."

- Staff told us they enjoyed working for Community Outreach. They said they felt valued and supported in their jobs. Comments included, "I have no concerns to report, I am enjoying the job" and "[Name of manager] goes above beyond."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were regular meetings held with staff. Staff confirmed this and there were records of these meetings taking place. Staff told us they found these meetings useful.

- People using the service and staff were asked for their views through satisfaction surveys. We saw the results of the survey undertaken in March 2021 had been analysed and any suggestions considered.

- Everyone we spoke with confirmed the manager was approachable and responsive.

- The manager told us they had developed good working relationships with other health and social care professionals. They had worked with the local authority to implement improvements since the last inspection.