Outreach Community and Residential Services

Outreach Community & Residential Services - 86 Meade Hill Road

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 22 and 27 June 2016. We had previously carried out an inspection on 4 August 2014 when we found the service to be compliant with all the regulations that were in force at the time.

86 Meade Hill Road is a care home registered to provide accommodation and personal care for up to five people who have a learning disability or mental health needs. At the time of this inspection, five 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.

People who lived at the home who were able to speak 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. We saw that there were sufficient staff available to meet people's needs. No outside agency staff were used by the services. 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.

Where a person who lacked mental capacity was not allowed to leave the house unaccompanied, we saw that an application for a standard deprivation of liberty safeguard had been made.

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

We were told by people we spoke with that their Jewish faith and culture was observed, for example, attending Shule, celebrating Shabbos and buying kosher food.

The atmosphere in the services 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 services had person centred care records, which included easy read formats and photographs that helped people to be involved.

People had access to a range of activities that met their individual needs and were encouraged to be as an 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 all the staff 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 the service asked people for feedback about the service and what they thought about the quality of 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. Checks were also completed to make sure the environment and equipment were safe.

Is the service effective?

Good

The service was effective.

Prior to a service being offered an assessment was undertaken so that the service could be sure they could meet people's needs. Where people were deprived of their liberty, appropriate authorisation was in place to protect them

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

People's religious beliefs were respected and promoted.

Is the service responsive?

Good

The service was responsive.

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

People, where able, 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.

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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 72 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. 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 two of the people who used the service. We also spoke with the registered manager, a project worker, a senior support worker and a 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, staff training records and policies and procedures.

Good

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. Staff we spoke with told us they felt safe and comfortable to work at the home 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. Staff were confident that the registered 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. The registered manager gave us an example of where a safeguarding concern had been raised in relation to a person's finances.

We saw that there was information available on the homes notice board about safeguarding. We were also told that a person who used the service had recently attended a 'Hate Crime' workshop at a local clinic.

We looked at two staff personnel files 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 registered manager, the new project worker, a senior support worker and two support workers were on duty. We looked at the staff rota and saw that the registered manager, a new project worker and eight support workers were based at the house. The rota showed that there were always two support workers on duty during the day and evening and a waking support worker throughout the night. The rota was flexible to ensure that people could be supported to attend appointments and activities as well as team meetings. Staff had access to the organisations on-call in cases of an emergency or for advice. The project worker said that they encouraged staff to contact managers, as they would rather know what was happening to help prevent an escalation of a problem.

The registered manager told us that there was one vacancy at the service. 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.

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 evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people receive the support they require in the event of an emergency.

We saw that staff had access to personal protective equipment, for example, disposable gloves and aprons for staff to use during personal care. The staff also had access to 'red bags' that could be used to transfer soiled items to the washing machine. The red bags went into the washing machine and disintegrated during the cycle. The home appeared clean and tidy throughout. We were told that plans were in place with the housing association to improve the main bathroom at the home. We saw that there were coloured mops and buckets in place. We were told that the mops were replaced every three months.

We saw that the kitchen doors and worktops were damaged in parts. This meant that they could not be cleaned properly. The registered manager contacted the housing association during our inspection to raise the situation as a concern with them. The housing association agreed to come out and look at the kitchen to check what improvements could be made. We were told that some decoration of the property had been undertaken recently and also new lounge carpet and sofa had been purchased.

We saw there were records in places to show the food probe and fridge and freezer temperatures were checked to ensure food was stored and cooked properly. The medication cupboard was cleaned and the first aid kits were checked on a weekly basis as was the environment.

Medication was seen to be securely held in a lockable cabinet in the office, which was locked when not in use. The shift leader held the key to the medication cabinet. A record of the temperature of the medicines cabinet was maintained. Records were seen that were people had capacity they had given their consent for staff to give them their medication.

We checked the medication records and found them to be accurate and up to date. There was a photograph of the person on their file to help ensure the person's identity when staff administered medication. There was a controlled drug in use and a check of the controlled drug registered showed that the correct amount was available. Homely remedies were not used by the home.

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.

We saw that one person was self-medicating. This person's medication was held securely in their bedroom.

Good

Is the service effective?

Our findings

We saw that since our last inspection one new person had moved into the service. This person was known to the provider and when the person's needs changed they had been able to accommodate the person. Before the person moved in the registered manager visited the person in hospital to check they were able to meet the person's needs, for example, disability access for limited mobility. They also had a copy of the person's community care assessment to help them make a decision about agreement to a placement. The registered manager said that the needs of the existing group of people living at the service were taken into account. An Outreach Support Assessment Plan was completed that covered a range of support needs, which included, personal care, mobility, behavioural and cultural needs.

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. MCA 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) and applies to adults.

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. Where a person who lacked capacity was not allowed to leave the house unaccompanied, we saw that an application for a standard deprivation of liberty safeguard had been made. It was noted that this person had open access to the back garden, which was secure. We saw the person went out into the garden frequently during our inspection.

Some people who used the service had behaviours that could be challenging and pose a risk to others. Staff were able to tell us what those risks were and how they were to be managed. A capacity assessment had been carried out to identify what areas of support the person may not be able to make decisions about and who would help them. We noted that because of the behaviours of a person who used the service that the kitchen was kept locked. All other people who used the service were able to access the kitchen as and when they wanted to. A person with capacity confirmed, "I am under no pressure to do anything I don't want to do."

The registered manager 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. A new member of staff confirmed that they had carried out this process and this had, "Helped to get to know people and their routines" and "I have learnt a lot since I have been here."

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.

Feedback from the staff team that we spoke with was positive. Staff told us that although a new team they worked well together and communication between them was good. At shift handovers staff checked that medication and money, including whether bank cards were present, were correct. They also discussed arrangements for support with appointments and activities as well as any on-going issues and changes in people's behaviours.

We saw that the service had a Kosher kitchen that met with Jewish cultural requirements. We saw that the kitchen was well stocked with food. We saw that people developed weekly individual menus taking into account their likes and dislikes with staff, for example, vegetarian. People shopped for their own food and were involved in preparing and cooking food as much as they were able to.

We saw that where there were concerns people's weight was monitored. We saw were one person had lost a lot of weight action had been taken to find out if this was due to a physical problem.

We looked at two people's health care records. Records showed the names of their doctor, dentist, optician, chiropodist and other healthcare professionals and when they last had appointments with them. The registered manager told us that they had received permission to cut a person's toenails because the person found it difficult to co-operate with the chiropodist. The registered manager said that this method had reduced the person's level of distress.

At the time of our inspection, a person had fallen and hurt themselves. The service took appropriate action to ensure that the person received the medical treatment that they needed. We saw that there were guidelines in place to support them in relation to their falls and related behaviours.

The registered manager confirmed that were a person was at risk of developing dementia on-going and appropriate assessments had been carried out. Another person was showing possible signs of the condition but was refusing treatment to confirm that was the case.

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.

Good

Is the service caring?

Our findings

Most people who lived at the home had done so for a long time and knew each other well. A person who had recently moved to the service told us they had been made to feel welcome by everyone. They told us that they had a key to their room and their post came to them unopened to help protect their privacy.

Bedrooms were individualised with people's own furniture and personal possessions. People told us they liked their bedrooms. We saw that people had their own television and music equipment in their bedrooms as well as books, magazines and other items of interest.

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. One person said, "The staff are okay they are kind."

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

We saw that the service had a mission statement and a set of values that were clearly displayed 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 make 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 people we spoke with that the Jewish faith and culture was observed for example, attending Shule, 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.

The registered manager told us that they and the project manager were undertaking the Six Steps end of life training programme for people with learning disabilities at the local hospice. They said that they were enjoying the course, which would be cascaded to other staff. Jewish people are members of a burial board and therefore aware of arrangements in place following their death.

Good

Is the service responsive?

Our findings

People we spoke with knew that they had a support plan. One person said, "I'm not bothered about it and I don't want to read what they write. I am as happy as I can be."

We looked at two people's records. For easy reference, people had a one page profile. The profile gave information about the person for example, there 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 these were monitored.

We saw that the health and support records were strengths led and clearly written. 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 instruction to staff as to how the person must be supported. The records we saw had been signed in agreement by the person where able. A monthly update sheet was completed for each person.

Wherever possible people who lived at the home were encouraged to maintain contact with their family and friends. One person was abroad visiting their family and another person went out for their weekly visit to see a relative during our visit.

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. We saw that the activities available were displayed.

We saw that people also accessed activities outside of the organisation, for example going to Karaoke sessions at a local pub. One person told us, "I love Karaoke!" In their activity plans people had one to one sessions with a support worker each week to go out to lunch and do their weekly shopping. We saw a support worker come in to take a person out for one to one time. Another person preferred to spend time on their own and enjoyed going out for walks and for a drive out in the car.

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 and 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.

People who used the service who we spoke with and the support workers said that they felt comfortable to

raise any concerns that they had with the registered manager. They were confident they would be listened to and that the problem would be sorted out. We saw that a complaints log was in place. There had been no complaints recorded about the service for some time.

Good

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 delivered by the provider, so usually either a project manager or a senior support worker supported them in their task.

At the time of our inspection, there had been changes to the senior support arrangements so the registered manager was spending most of their time at the service. Arrangements had been put in place for a project manager to cover the service on a part-time basis in the near future. The project manager was visiting the service at the time of our inspection in preparation to take over the role. Project manager and senior support workers had access to leadership and management training.

Prior to the inspection, we checked our records and saw that the registered manager had notified accidents or incidents that CQC needed to be informed about to us. 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 support plans, health appointments, staff training, team meetings and supervisions. The registered manager put an action plan in place for any identified shortfalls to help ensure that the outstanding task was completed.

Staff 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. Staff told us they could also speak privately to the registered manager if they needed to. They were confident that the registered manager would take action to ensure that any matters were dealt with.

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 4 May 2016. We saw that a range of topics had been discussed including, health and safety, the new end of life training, safeguarding, incidents, Jewish holidays and service user updates.

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.

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.