

Outreach 3-Way

One to One Plus South

Inspection report

Outreach 3 Way, First Floor, Suite 5b, Brooklands House
58 Marlborough Road, Lancing Business Park
Lancing
West Sussex
BN15 8AF

Date of inspection visit:
30 January 2019

Date of publication:
22 February 2019

Tel: 03003039032

Website: www.outreach3way.org

Ratings

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

Summary of findings

Overall summary

The inspection was announced and took place on 30 January 2019.

One to One Plus South provides personal care and support to people in their own homes. Personal care and support is provided for people living with a learning disability or autism. At the time of the inspection personal care and support was provided to 23 people in seven supported living services, which are houses privately rented by people. The supported living services are staffed over a 24-hour period and people are supported with social care needs such as, activities and occupation, as well as their personal care. The Care Quality Commission inspects the care and support people receive in supported living homes, but does not inspect the accommodation people live in.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There was, however, a lack of clarity in care records regarding consent to care and treatment and when best interests decisions were made on behalf of one person whose liberty was restricted for their own safety. Staff were not clear about the correct procedures they needed to follow to ensure legal safeguards were followed when people did not have capacity to consent and where their liberty was restricted. We have made a recommendation about this.

Medicines were safely managed.

Staff had a good awareness of the importance of protecting people and what to do if they considered people were not being treated appropriately. Risks were assessed and there were procedures for care staff to follow to ensure people were safely supported. Sufficient numbers of staff were provided to meet people's needs. Checks were made on the suitability of new staff to work in a care setting. Staff were trained in infection control and had access to protective clothing to help prevent the spread of infection. The provider had a comprehensive system to review any accidents or incidents and when lessons could be learned.

Care staff were supported well and had access to a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed and people were supported with food and drinks. Health care needs were assessed and the provider worked well with other health and social care services to ensure care needs were met.

Care staff treated people with dignity and respect. People were supported to make decisions about their care and support which promoted their independence. Care staff had a good understanding of the need to ensure people's privacy was upheld. People and their relatives said they were very satisfied with the service. For example, one relative said, "We are very happy with the service. If I had to score it out of 20 I would give it 40."

People's needs were comprehensively assessed; this included assessments of people's behaviour needs by the provider's own behaviour consultant. Each person had care plans which reflected their needs, preferences and choices. Relatives told us the staff were responsive to people's care needs and ensured person centred care was provided. People's communication needs were assessed to a good standard and staff were trained and skilled in communicating with people.

Relatives said they had a good dialogue with the care staff and management team and felt able to raise any concerns or issues were always responded to.

The service was well-led and was responsive to the challenges it faced. The provider had systems to assess and monitor the quality of the service as well as plans to develop and improve. This included seeking the views of people, their relatives and staff about the quality of the service. Staff were supported to develop their skills and knowledge.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Requires Improvement ●

The service has deteriorated to Requires Improvement

Improvements were needed to ensure the Mental Capacity Act and its associated guidance were followed when people who were unable to consent to their care and support had their liberty restricted.

Staff were well trained and received supervision, although we noted the provider did not follow its own guidance to show, by recording, each staff member received the agreed one to one supervision.

The provider ensured people received support with eating and drinking. Health care needs were assessed and arrangements made so people received health checks and treatment. The provider worked with other agencies to meet people's care needs.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

One to One Plus South

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 was 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.

This inspection took place on 30 January 2019 and was announced. The inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to make arrangements to visit people in their own homes and to ensure staff would be at the provider's office.

Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited one of the supported living services where two people lived. We spoke to one of these people. We spoke to the relatives of four people. We visited the provider's office. We spoke with two care staff, an assistant manager of a supported living service, four members of the management team and the registered manager. We sent survey questionnaires to people, their relatives, staff, and health and social care professionals to ask them to give us their views of the service; we received completed surveys from six people, 22 staff and one health and social care professional. We also received feedback from another health and social care professional and a contract commissioning officer from a local authority.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and records of medicines administered to people.

Is the service safe?

Our findings

Staff were trained in safeguarding procedures and had a good awareness of the principles of this guidance. Staff knew how to raise any concerns. Relatives said the staff provided safe care. The provider had a system to monitor any safeguarding concerns raised with the local authority. Procedures and checks were in place where people were supported with their finances. A health and social care professional told us people were looked after well and any risks were managed to ensure people were as safe as possible.

Risks to people and to staff were comprehensively assessed and arrangements were put in place to mitigate risks in order that people were safe. This included risks regarding people's behaviour, personal care, safe moving and handling, eating and drinking and accessing the community. There were procedures for helping people with their finances which were audited by the provider. Care plans had details about the safe management of health care needs.

The provider ensured there were sufficient numbers of staff to meet people's needs. Relatives and people said there were enough staff to meet people's needs. Staffing was provided at levels as assessed and agreed with the funding authorities, including specific staff ratios such as one to one staff input. Staff were provided over a 24-hour period in each of the supported living services. Staff told us there were enough staff to meet people's needs.

Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were generally safely managed. Staff were trained in the handling and management of medicines which involved an assessment of their competency to support people with their medicines. Medicines were safely stored in people's accommodation. People and their relatives said staff provided the correct support so people got their medicine. Records were kept when staff supported people to take their medicine and when medicines were handled. We noted one exception to this where the staff did not follow the provider's procedure to record any medicines a person, or their relative, may take with them from a supported living service when people had an overnight stay. We discussed this with the provider's management who agreed to address this.

People were protected by the prevention and control of infection. Staff were trained in food hygiene and infection control. Staff had access to disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention. We observed the supported living service we visited was clean and hygienic. Relatives confirmed the supported living homes were kept clean.

The provider had a system whereby all accidents or incidents were recorded and reviewed by the management team. These included staff 'debriefs' whereby incidents were reviewed immediately after an incident followed by a more planned analysis and action plan. We saw records were maintained of these reviews of incidents.

Is the service effective?

Our findings

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff were trained in the MCA and knew about the principles of the legislation. However, staff and management were not fully aware of the need to ensure any restrictions on people's liberty were appropriately assessed and the correct authorisations in place via the best interests decision making process. This applied to one person whose liberty was restricted in a number of ways, such as access to their own clothes and where they were covertly monitored. One aspect of the monitoring was assessed as being needed for the person's own safety and it afforded the person a least restricted alternative. The staff member we spoke with about this was aware of these procedures being a restriction of the person's liberty. A health and social care professional said these assessments and best interests decisions should have been completed by the provider. The professional also told us how the provider had completed a mental capacity assessment and there was a best interest decision for another aspect of the person's life but the staff at the supported living service did not know about this. We therefore recommend the provider takes steps to ensure the Mental Capacity Act and its associated Code of Practice are followed where people do not have capacity to consent to restrictions on their liberty.

The majority of staff told us they received regular supervision and felt supported in their work. Eighteen per cent of staff who returned a survey said they did not receive regular supervision. One staff member we spoke to also said this, but said they felt supported and had opportunities to discuss their work with their line manager. The provider's policy stated staff should receive a minimum of four one to one supervision sessions per year with their line manager but records did not show these were taking place at this interval. For example, one staff member had no record of supervision but had completed an induction since they started work and two other staff had a record of only one supervision since July 2018. Staff did, however, have access to meetings to discuss their work as a team. The provider was aware of the lack of one to one supervision and planned to take steps to ensure this was carried out in line with the provider's policy.

People received effective care from well-trained staff. Relatives said the staff provided a good standard of care. Relatives said staff were skilled in dealing with specific procedures which required specialist training. The provider had systems to ensure people's care followed current guidelines. For example, the provider had its own behavioural consultant who completed assessments of people's behaviour needs and helped devise and review care plans about how to manage behaviours. A range of training was provided for staff including courses which were considered mandatory for staff to attend such as first aid, moving and

handling, medicines management and food hygiene. More specialist training was also provided such as in dealing with behaviour where there may be physical contact with people; this training was recognised and accredited with the British Institute of Learning Disability. Staff were supported to attain nationally recognised qualifications in care and in management. These included management qualifications for the management team.

Staff confirmed they received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

The provider promoted equality and diversity for people and its staff team. Staff were trained in equality and diversity and demonstrated they treated people as individuals who they valued irrespective of any disability. The provider promoted staff training in communicating with people, such as in the provision of nationally recognised training in sign language. The commitment to effective communication was also extended to staff. For example, action was taken to support staff who had hearing impairments. The provider also had an internal webpage on promoting equality and diversity for its staff.

People's nutritional needs were assessed and care plans were in place to show how staff should support people. A health and social care professional stated the staff had been effective in supporting a person to eat better and were successful in this. Staff were also proud of the work they had done with this person to improve their food intake and to maintain a good weight.

People's physical health needs were assessed and arrangements made to ensure health care checks were carried out as and when treatment was arranged. The provider worked with other organisations to deliver effective care. This included local authority social services teams and health care services. Care records showed health service hospital discharge care plans were in place and the provider had worked collaboratively in planning care and support for people.

Is the service caring?

Our findings

Relatives said the staff were kind and treated people with respect. For example, a relative said, "The staff are lovely. They are respectful and kind and treat people like they are part of a family." Relatives said the staff provided themselves with support as well which they found helpful and reflected a caring service. One of the people we spoke to said, "The staff are spot on. Friendly. Helpful. Very polite."

Care plans showed people were involved and consulted regarding the type of support they needed. People said they were consulted about their care. For example, one person said, "I talk to the manager and we discuss what I need and what's in my care." A relative said staff actively promoted people to make choices and decisions by including them in this. People's preferences were taken account of regarding the staff who supported them. This was done by matching staff to each person and in one case, a person was able to choose their keyworker during the staff recruitment process. This reflected values of inclusion and equality.

Care plans and care provision was person centred, meaning they were individualised to reflect each person's needs and preferences. Details regarding support with mental health needs, behaviour and emotions were recorded to a good standard. This included guidance on the way staff should manage people's behaviours and emotions. Staff were trained and skilled in communicating with people so they knew how to support people who had behaviour and emotional needs. One person told us the staff were skilled at communication with him/her, saying, "The staff are very clear with me. Staff speak to me in a way I can understand."

People said their privacy was promoted and one person said, "Staff are always around but I only have to ask and they will give me space to be on my own." Staff said they understood the need to give people privacy.

People and their relatives said choice was available in how people spent their time. For example, one person said they were supported to pursue their own interests and to develop independence in going out alone, shopping and cooking.

Staff demonstrated they valued people irrespective of people's needs or disability and were motivated to help people. For example, one staff member told us, "The service is good on the rights of people. We make sure they get what they need. I love working here." Another staff member said, "We all care here. You have to care about what you are doing."

Is the service responsive?

Our findings

People and their relatives said personalised and responsive care was provided. One relative, for example, said, "The staff will listen to anything you have to say. They respond to anything we ask. They welcome our input and our comments and it is done before you can count to ten." This was also the view of other relatives we spoke with. Relatives, people and health and social care professionals said personalised care resulted in positive outcomes for people. For example, one relative said, "They do absolute wonders. They go above and beyond what is needed. Staff have been on holiday too, so he/she can spend time with us." Relatives and health and social care professionals told us the provider had achieved results with people which other services had failed to do.

Care records showed people's needs were comprehensively assessed. This included thorough assessments of people's needs prior to moving into the supported living services. We saw one person's pre-admission assessment took place over an extended time period and the strategies devised and recorded in the care plans were of a high standard. Staff told us careful planning and assessment prior to people moving into supported living services had been productive in helping people settle and in reducing behaviour incidents.

Care plans had details on meeting people's needs in a format which reflected people's needs and their wishes under heading such as, 'What's Important to Me,' 'What's Working. What's Not Working. Good day/bad day.' There was evidence in the care records to show people were consulted during the assessment and planning process. Care plans also covered areas such as personal hygiene, hearing, communication, mobility, eating and drinking, family background and how to manage behaviour. Care records were checked and reviewed on a regular basis.

People's records showed people were able to set goals and aims. One person said their aim was to get involved in community work which was addressed in the person's care plan. Each person had a daily activity schedule which showed a range of activities in the supported living services and in the community. A relative said the staff knew people well and encouraged people to get involved in activities such as the gym, cycling and swimming. People said they were supported to develop independence such as using the bus and going for walks on their own. The provider also facilitated a pen pal system whereby staff could become a pen pal friend with a person who used the service.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. This was an area the provider had addressed to a good standard. Staff were trained in sign language for people with hearing loss as well as in communicating with people by sign language. People's communication needs were assessed and there were care plans which showed staff the best way to communicate with each person. Care plans were also written in a way to make it easier for people to understand, such as using pictorial diagrams. Staff used sign language, white boards to write on, and pictorial diagrams to communicate with people. There were plans to extend the use of equipment with people such as the use of IT and computer tablets to communicate with people. Information was also

available on the provider's website in an easy read format.

The provider had an effective complaints procedure. The complaints procedure was made available to people and their relatives. The provider stated there had been three complaints in the 12 months prior to the inspection. Where a concern or complaint had been raised this was logged, investigated and a response made to the complainant. We spoke with one relative who had raised a complaint in the past who told us the provider had dealt with this and resolved it to their satisfaction.

Is the service well-led?

Our findings

The service was generally well-led with a strategy to deliver person centred care and support to people. Staff had values of promoting person centred care where people could develop their lives. The provider promoted a culture which valued and protected people and staff.

The provider supported staff to develop their skills and knowledge. Staff performance was monitored by direct observation. Staff said they felt supported and were able to raise any queries or concerns with the provider. Staff meetings took place and staff said they felt involved in decision making.

The service had a registered manager. 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. There was system of delegation and line management. Each supported living service had an assistant manager who took a lead role in coordinating the care and support. The assistant managers were supported by locality managers. Twenty-four-hour management support was provided to people and staff in case of emergencies. Management staff had access to training in effective management as well as on-line resources and regular manager's meetings.

A number of systems and processes were used to audit and check the quality of the service. These included checks that the service was meeting key performance indicators regarding areas such as staff absence and training. The provider had an internal quality and compliance team who audited each supported living service at least annually. These were structured on the Care Quality Commission key lines of enquiry (KLOEs) and were detailed. An action plan was devised where areas of improvement were identified.

The views of people and relatives on the standard of care provided were obtained using a survey questionnaire. Where any issues were raised there was an action plan of improvements which needed to be made. The provider promoted effective communication with people and their families. Relatives said the provider's management was transparent and open to suggestions. Relatives said they felt involved in the service. There were a number of opportunities for relatives to meet staff informally at coffee mornings and at a family forum. The provider produced a newsletter every three months, which was sent to people and their families. Relatives said they received the newsletter which they said contained useful information. Consultation groups involving people who used the service were also arranged to facilitate service improvement.

The provider was aware of the need to protect information on both staff and people and the guidelines as set out in the General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

The staff worked well with other agencies to provide coordinated care to people. A contract commissioning officer from the local authority described the provider as follows, "No concerns, Outreach 3 Way are a key strategic provider for us." A health and social professional stated they worked well with the provider and that people with complex needs had benefitted from the service they received. Comment was also made by

this professional that they were jointly working with the provider to make arrangements for care more timely. The provider was committed to principles of promoting the human rights of people with a learning disability. For example, the provider had been involved in working with criminal justice agencies, such as the police and crown prosecution services, to promote the rights of people with a learning disability.