Bradbury Outreach Services Ltd

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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

We undertook an inspection on 12 and 16 May 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection.

Bradbury Outreach Services provides personal care and support to people with learning disabilities who live in their own homes in Somerset and North East Somerset. At the time of our inspection the service was providing personal care and support to two people.

A registered manager was in post at the time of inspection. 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.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff had received appropriate training to identify and respond to suspected abuse.

People received effective support from staff that had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role.

People's rights were upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This helped to ensure there was good communication and sharing of information about the person's care needs.

Before people commenced a care package with the service, a full assessment of their needs was undertaken with the individual and other interested parties. This included gathering full information about the person's care needs and their views on the kind of support they wished to receive.

People and their representatives spoke positively about the staff and told us they were caring.

People were given the opportunity to feedback their experience of the service through care planning reviews and surveys.

There were systems in place to monitor the quality of the service provided by the service. There were quality audits in place reviewing the individual support plans, mental capacity assessments, supervision, training, feedback from individuals and staff rotas. Where improvements could be made action plans were implemented.

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.

There were sufficient numbers of suitably qualified staff to ensure that people's needs were met.

Risks to people were assessed and where required a risk management plan was in place to keep the person safe.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Is the service effective?

Good

The service was effective.

People received effective support from staff that had the skills and knowledge to meet their needs.

People's rights were upheld in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People and their representatives spoke positively about the staff and told us they were caring.

Staff understood people's needs and demonstrated they knew how people preferred to be cared for.

Is the service responsive?

Good

The service was responsive.

Before people commenced a care package with the service, a full assessment of their needs was undertaken with the individual and other interested parties.

The service worked in partnership with other health professionals.

There were systems in place to respond to formal complaints and this was set out in a written policy.

Is the service well-led?

Good

The service was well-led.

Systems were operated to assess and monitor the quality and safety of the service provided.

Staff felt well-supported by their manager.

People were given opportunities to feedback their experience of the service through care planning reviews and surveys.

Bradbury Outreach Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 and 16 May 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. This inspection was carried out by one 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.

The people who used the service were unable to communicate verbally. One person was able to communicate by writing. On the day of the inspection and the following week we spoke with one person who received care from the service and two representatives of the people who used the service. We also spoke with four members of staff and the registered manager.

We looked at two people's care and support records. We also looked at records relating to the management of the service such as their quality assessment reports, surveys, supervision, recruitment and training records.

Good

Is the service safe?

Our findings

There were sufficient numbers of suitably qualified staff to ensure that people's needs were met. Staffing levels were balanced with the care hours provided so that all visits were able to be covered. Staff we spoke with felt the staffing level was manageable. Staffing levels were maintained in accordance with the dependency needs of the people who used the service.

Medicines were managed safely. All staff who administered medicines received the appropriate training. The medicine administration checklist demonstrated that people received their medicines when required. The service currently only had responsibility for the administration of medicines when providing a respite service. People's representatives assisted people with their medicines when based at their home.

People's representatives told us that they were satisfied with timekeeping and reliability of the service and people were safe when being assisted by the service. Comments included; "I cannot fault them. They are dealing with complex needs. They are always on time or would call if running late" and "I feel totally relaxed when [person's name] is with them."

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

The provider had ensured staff had received appropriate training to identify and respond to suspected abuse. Staff understood safeguarding procedures and explained the process they would undertake to report concerns. Staff recognised the different types of abuse or harm people could experience and said concerns would be reported to senior staff.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Risks to people were assessed and where required a risk management plan was in place to keep the person safe. These included assessments for the person's specific needs such as personal safety, daily living support, eating and drinking, road safety and stranger danger. Assessments were reviewed regularly and updated, when required. Staff knowledge of people's specific risks and how to manage them was detailed. A member of staff told us about travelling with one person in the car. To ensure the person's safety they told us they had to ensure the door was always locked . To alleviate the person's anxiety they always had to discuss where they were going and why. The day's plans had to be made with the person at the start of the shift and just before leaving in the car.

The registered manager told us that there have been no accidents of incidents in the past year. Protocols were in place for staff to follow if an incident occurred. As part of their training staff were provided with good

example templates to follow, if an incident occurred.

Good

Is the service effective?

Our findings

People received effective support from staff that had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction programme had been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Where refresher training was required the training had been booked. Additional training specific to the needs of people who used the service had been provided for staff, such as non-abusive psychological and physical intervention (NAPPI) training . Staff felt they had received sufficient training to undertake their role. One member of staff told us; "They're great on training,"

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. They were not in all cases following the provider's supervision policy. The policy stated that; "All employees will receive supervision every 10-12 weeks." Conducting regular supervision ensures that staff competence levels are maintained to the expected standard and training needs are acted upon.

People's rights were upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. The service reviewed the person's capacity to make decisions and how to support a service user when there was evidence that they lacked, or had variable capacity to make informed decisions. The service involved the person in the decision-making process as far as possible. Where people were unable to make decisions the person's representative was involved in best interest meetings. Involving the person's representative enabled the service to take into account the person's wishes, feelings, beliefs and values. Consent had been agreed by the person and their representative regarding their level of care and the areas of consent were documented in their support plan.

All staff were booked to attend Mental Capacity (MCA) and Deprivation and Liberty Safeguards (DoLS) training. Staff understood the importance of promoting choice and empowerment to people when supporting them. The service enabled people to make their own decisions and assist them to understand the decision making process.

People's independence was enabled with their choice of food and drink. Staff enhanced people's life skills by providing cooking lessons. One person told us they enjoyed this particular activity and showed us their cake they had baked in the afternoon. People's specific dietary requirements were catered for, such as the need to avoid acidic foods and ensuring food was cut into small pieces to avoid choking.

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so, such as the person's social worker. This helped to ensure that there was good communication and sharing of information about the person's care needs.

Good

Is the service caring?

Our findings

The people we spoke with were positive about the staff and told us they were caring. One person wrote on a piece of paper telling us they were happy when spending time with staff. The person told us that the staff were like friends and they listened to what people wanted. Comments from people's representatives included; "They are so understanding. It's comforting for me. I can't fault them for effort. They listen and the care is very good. They're meeting [person's name] needs"; "[Person's name] seems very happy. The staff are always happy and jolly and happy to do things with [person's name]. I feel totally relaxed when [person's name] is with them."

We observed that a good relationship had been established between members of staff and the person they provided care for. Staff were encouraging and enabling and the person appeared comfortable in their company. When assisting the person in the kitchen they enabled the person to undertake tasks themselves and closely observed to ensure they were safe.

Assessments ensured staff promoted people's independence when supporting them. One person liked routine. Staff were aware of the need to keep to the person's familiar routines. If new routines were going to be introduced one member of staff told us that they would be introduced at a gradual pace. There was a need to be encouraging and set boundaries to seek agreement from the person. Staff understood people's needs and demonstrated they knew how people preferred to be cared for. Staff said this ensured they were able to know people well, learn their preferences and understand what was important to them in relation to their support. One person was provided with an easy read version of their support plan that was made specifically for them, in a format best suited to their understanding.

One staff member told us about one of the people they cared for and enabled their independence as far as possible; "We have built trust and a rapport. She responds to one-to-one time and doesn't like groups. When providing respite care we ensure that they are safe. They do a lot more for themselves. She will always ask you to help but we encourage her to things for herself."

People were given important information about the service. Their guide contained information about the service, the aim of the service and how they would achieve their aim. People had the main contact number and the out of hour's emergency number so they could contact the service at any time.

To ensure consistency of care people received the same team of care staff. The registered manager told us that each person, "Has a core team of staff who they see regularly, this is to promote consistency as well as building relationships and trust between the staff member and individual."

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that there were systems in place to ensure that staff were matched to the needs of the person they supported, such as the gender preference of a carer.

Before people commenced a care package with the service, a full assessment of their needs was undertaken with the individual and other interested parties. This included gathering information about the person's needs and their views on the kind of support they wished to receive. This included details about their daily living, health requirements, financial and personal care needs. The registered manager told us; "The member of management who creates the care plan will do this alongside the individual, making sure they are actively involved, empowering the person to make the decisions for themselves in regards to the support we provide. For many of our service users parents also have a say." People's representatives told us they were fully involved with the care planning process. Comments included; "I have been involved in care plan meetings. They ask for my opinion"; "I'm involved in meetings and developed a care plan. We worked together regarding behaviours and triggers. They're meeting [person's name] needs."

Following the initial assessment, individual support plans were created to guide staff in providing the right support. It was viewed by the registered manager as an organic document and included a section for 'Comments and changes.' These were reviewed regularly with the person and their representatives. The minutes of the meetings highlighted that the service adopted a proactive approach assessing activities and suggesting new experiences for the person. This included sourcing a personal trainer, teaching new life skills and planning trips. The service had recently supported one person through a detailed transition plan to move from the service into residential care. This included partnership working with other health professional and the person's parents. Their plan included staff supporting the individual to purchase necessary furniture, reviewing local activities and providing support in their new home.

Staff said the care plans gave them the information they needed about people's care needs and their individual preferences. Staff demonstrated an in-depth understanding of the content of the care plans. Examples of this included people's communication needs. Owing to the relationship staff had built with one person they felt confident to communicate with them verbally. However, with other people the person chose to communicate by writing notes. We observed this practice when meeting them.

There were systems in place to respond to formal complaints and this was set out in a written policy. There was also an easy read version. The service had not received any formal complaints this year. People we spoke with told us they would feel able to raise complaints when necessary. One person told us they had raised concerns informally and they had been addressed.

Good

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service provided by the agency. There were quality audits in place reviewing the individual support plans, mental capacity assessments, supervision, training, feedback from individuals and staff rotas. Where improvements could be made action plans were implemented. An example of this included the need to complete the process of all staff signing the policy and procedures off to ensure they had been read and understood.

Although formal staff meetings were not held regularly staff felt well supported by their manager. To ensure people's needs were met team leaders communicated with staff about the service and expectations. Comments included; "We have core meetings and our input is sought about service user's care. Although we do not have formal staff meetings they are there if we need them. We have an on-call system. We communicate together and phone each other with up-dates."; "The management team are great. They're really supportive. It's the best job I've ever had. The communication is good and I'm heard. I have regular supervision"; and "We're very service user focussed. We put the service user first. We are morally a good company. We receive great support to enable us to do our jobs well."

Recent feedback from a health professional was extremely positive about the service. They stated; "[Staff member's name] input to the review was informed and the work that the team have done with the client has had a positive impact on their life. I would say it has been life changing." Feedback from the local authority stated; "Good communication from management with regards to dealing with client issues. The support provided appears to be of a good standard."

People and their representatives were given the opportunity to pass on their feedback regarding their experience of the service through care planning reviews and surveys. The key findings from the 2017 survey were that people were happy with the service they receive and the staff were excellent . Actions from a previous survey ensured that each person had access to the complaints procedure; they had the number for the on-call phone; and the email address for the management team.