

# Outreach Community and Residential Services

## Outreach Community & Residential Services - 118 Kings 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 5 July 2016. We had previously carried out an inspection on 23 July 2014 when we found the service to be compliant with all the regulations that were in force at the time.

118 Kings Road is a care home registered to provide accommodation and personal care for up to four people who have a learning disability or mental health needs. At the time of this inspection, four 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 had been an increase in staffing to ensure that there were sufficient staff available to meet people's changing needs. No outside agency staff were used by the service. 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.

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

People we spoke with told us that their Jewish faith and culture was observed, for example, attending Shule, celebrating Shabbos and buying kosher food.

The atmosphere in the service 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 service 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 the project manager 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.

### Is the service effective?

Good ●

The service was effective.

Prior to a placement being offered an assessment was undertaken so that the service could be sure they could meet people's needs.

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 service 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 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 briefly with two people who used the service. We also spoke with the project manager, 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 at a recent inspection, staff training records as well as policies and procedures.

# 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. One person said, "I feel safe here. Everything is alright." 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 to them. Staff were confident that the registered manager or the project 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.

We saw that there was information available on the office wall about the local safeguarding reporting thresholds and information about safeguarding was also available to people who used the service.

At a recent inspection at another service, the provider owned 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 project manager and two support workers were on duty. We looked at the staff rota and saw that the registered manager, a new project manager and five 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 one staff member providing sleep in cover throughout the night. We were told that the staffing levels at the service had increased recently as people's health needs had increased and so they were attending more health related appointments.

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 manager said that they encouraged staff to contact managers, as they would rather know what

was happening to help prevent an escalation of a problem.

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 received the support they required 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 service had a separate laundry room where a new washing machine and dryer had recently been purchased. The staff 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 saw that there were coloured mops and buckets in place. We were told that the mops were replaced every three months.

We were aware that there were specific concerns relating to a person's behaviour and infection control. There were guidelines for staff to follow to help mitigate the risks of cross infection through additional cleaning of light switches, door handles and the bannister three times a day. Monthly infection control audits were undertaken.

We saw that some improvements had been made to the property by the housing association since our last inspection which included decorating and new carpets. A person who showed us their bedroom said, "I like to keep it clean and tidy." The home had a stair lift that people could use which was serviced annually.

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 where people 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. 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. Where possible people were encouraged and supported to self-medicate.



# Is the service effective?

## Our findings

No people new to the provider have come to live at the service for many years. Should a new person come to live at the home, the registered manager would carry out an assessment. This would be done to ensure the service could meet the person's needs and be compatible with the established group.

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. Everyone who used the service had capacity and no-one was subject to a DoLS. We saw that capacity assessments had been carried out in relation to each person's ability to make decisions about money, health and where they lived. Also in people's records we saw information about 'Things that upset, scare and worry me' to help reduce adverse behaviours.

A person 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. We saw evidence that the person received the appropriate input from a healthcare professional and it was noted that the person was able to manage their behaviours in a calm manner. We saw that some of the restrictions we saw at our last inspection to the kitchen and downstairs toilet had been reviewed and then removed by the project manager.

The registered manager told us about the induction training new staff completed at a recent inspection. 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

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. This training was undertaken through the local adult care training partnership of which the provider was a member. Staff spoke positively about the training that they had received. One staff member gave an example of how emergency first aid training had also helped them in their personal life.

Feedback from the staff team that we spoke with was positive. A staff member said "We are a very good staff team. I look forward to coming to work." At shift handovers staff checked that medication and money, including whether bank cards were present and if so 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 including healthy foods such as vegetables and salad. We saw that people developed weekly individual menus taking into account their likes and dislikes with staff. People shopped for their own food and were involved in preparing and cooking food as much as they were able to. One person said, "The food is very nice."

We saw that where there were concerns people's weight was monitored. We saw that one person had lost a significant amount of weight through healthy eating and the support of a slimming club. We were told that the person had responded well to praise they had received for this achievement. New scales had recently been purchased by the service.

We looked at the people's health action plan records. Records confirmed the names of their doctor, dentist, optician and chiropodist and that they had regular check-ups with them. On the day of our inspection, one person was independently visiting the local clinic for regular treatment they received. We were given examples where other healthcare professional had been accessed because of people's changing needs such as a physiotherapist for assistance for equipment to help support the person's mobility and for a second person psychological support.

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.

# 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. The project manager said that the group generally got on well together and "Accepted each other for who they are."

Bedrooms were individualised with people's own furniture and personal possessions. People told us they liked their bedrooms. We saw that some 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 alright. They do everything right." A staff member said they found their role rewarding particularly the small day-to-day 'chat's' with people.

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 made 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. A Jewish calendar was available for people to refer to. 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. One person told us, "I go to Shule if I feel like it."

We saw that staff received equality, diversity and human rights training. We saw that there was information about how to access advocacy services was available on the homes noticeboard.

The project manager was 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 the burial board and therefore aware of arrangements in place following their death.

## Is the service responsive?

### Our findings

People we spoke with knew that they had a support plan. We looked at two people's records. We saw on one person's records that they had confirmed that they did not want to be involved in developing their personal support plan and were happy for staff to do this for them. They had confirmed that they were happy with the level of support that they received.

For easy reference, people had a one page profile. The profile gave information about the person for example, their 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. For example, people's strengths were recorded. One person's record highlighted that they were a "happy, pleasant person." 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. Some family members visit the home on a regular basis or maintain contact by telephone.

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. Some people choose not to get involved in these activities and this was respected.

We saw that people also accessed activities outside of the organisation, for example, going out shopping, to a day centre, for lunch at local restaurants or for a walk. People recently went out together to celebrate a person's birthday. One person was looking forward to go abroad on holiday in September and also a party in the park to celebrate Learning Disability Awareness Week. We saw that the service had a computer that people could use.

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 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.

We looked at the arrangements for making a complaint or raising concerns. We saw that a complaints log was in place. There had been no complaints recorded about the service for some time. A compliment was recorded with a relative thanking staff for maintaining a person's routine while they were ill.

## 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 providing accommodation for people who require support with personal care. A project manager supports them to manage the home. 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 and the project manager were 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 or the project manager if they needed to. They were confident that they would take action to ensure that any matters raised were dealt with. Staff said, "[Project manager] is marvellous!" and "I can talk to [project manager] about anything."

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 15 June 2016. We saw that there was a standing agenda in place to discuss, health and safety, training, issues and concerns and service user updates. Where issues had been raised the team had discussed ways to make the situation better, for example, improvements in initiative and communication across the team.

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.