

Walsingham Support

HOME COUNTIES OUTREACH SERVICES

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

About the service: The service provided care and support to adults with learning disabilities or autistic spectrum disorder in their own homes. At the time of the inspection 10 people were being supported by the service.

People's experience of using this service:

People told us they felt safe and happy with the support staff provided to them.

People told us staff were friendly, kind and listened to them. Care plans were reflective of people's likes, dislikes and preferences about the care they received.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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 said they were free to plan their free time and staff supported them to do what they wanted discussing what risks were involved and also how to keep safe. As a result, people went on holidays, days, attended different clubs depending on their hobbies and interests.

People were pleased that staff listened to their wishes and their choices were respected. Staff knew how to support people to live a healthy life and helped people attend their annual health checks as well as make appointments to see health professionals when there was a need for it.

Staff received training to understand current best practice and provide people with the care they needed effectively. They told us they had regular supervisions and their managers were approachable if they needed any guidance or advice.

The provider was recruiting, and, in the meantime, permanent staff vacancies were covered by agency staff. The same agency staff were booked when possible to ensure people had continuity of care and support.

The registered manager and service managers regularly audited various aspects of the service to ensure the quality of the service was monitored and improvements were made when needed. The provider's quality team visited and audited the service on a regular basis. Improvements needed were discussed and implemented.

Rating at last inspection: Good (report published 06 June 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

HOME COUNTIES OUTREACH SERVICES

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by one inspector.

Service and service type: HOME COUNTIES OUTREACH SERVICES is a supported living service. It provides personal care and support to people who live in their own houses or flats in three supported living locations. It provides a service to adults with a learning disability and autism. Not everyone using HOME COUNTIES OUTREACH SERVICES receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 10 were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service hours' notice of the inspection to ensure service managers and the registered manager were available to support the inspection.

Inspection site visit activity started on 26 March 2019 and ended on 03 April 2019. On 26 March 2019 we inspected the office and two supported living locations. Between 26 March and 03 April 2019, we spoke with staff, e-mailed relatives and social care professionals for feedback about the service.

What we did:

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three permanent staff members and an agency staff member, two service managers and the registered manager. We spoke with three people using the service. One relative gave us feedback about the service. Social care professionals had not answered our feedback request. We looked at two care plans and reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said staff discussed with them how to stay safe and keep themselves out of danger. One person told us, "I am safe now. Staff comes with me when I go out." This person explained they were going out on their own, however they had an incident and wanted staff to support them until they gained their confidence back.
- Staff were aware of the safeguarding processes and the need for them to be vigilant and report any concerns they had internally or externally to local authority or CQC.

Assessing risk, safety monitoring and management

- People lived the life they wanted. They understood the risks involved in the activities they were doing or in some cases the risks resulting from the decisions they took. For example, if they refused treatment or decided to not adhere to agreed actions to reduce the risks of danger when they were out and about on their own.
- Risks to people's health and well-being were well documented, and plans were in place to reduce the risk as much as possible. Risk assessments were developed for risks like, chocking, mobility, accessing the community and travelling in a car.

Staffing and recruitment

- People told us there were enough staff to support them the way they wanted. One person said, "Staff are always around, and we agree what we want to do."
- Staff told us shifts were covered with enough staff to ensure people received the support they needed and wanted.
- The provider used agency staff to ensure shifts were covered until they could safely recruit to fill current staff vacancies. Agency staff were inducted into their role and whenever possible the service managers booked the same individuals to offer continuity of care to people.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Using medicines safely

- Staff were trained to administered people's medicines. Staff had their competencies checked and observed by the service managers how they administered people's medicines.
- Medicine administration records were signed by staff after they administered people's medicines. However, we found that staff were not always following recommended good practice guidelines to evidence the amount of medicines received or carried forward from one month to another. We discuss this with a service manager who assured us this will be corrected.

- Regular audits of peoples` medicines were completed by staff and the provider. Where issues were found these were investigated. Daily audits done by staff did not identify the need to improve how medicine stock was recorded.

Preventing and controlling infection

- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- When things went wrong the service managers and registered manager discussed this openly in staff meetings to ensure lessons were learned and the service improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. For example, a meeting was organised when a person's health needs changed involving health and social care professionals as well as relatives. The person actively participated in this meeting and their decision was accepted by all involved.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.
- People had their needs assessed and the support they received was regularly reviewed to ensure they received safe and effective care.

Staff support: induction, training, skills and experience

- Staff said they received training to understand how to support people effectively and in line with best practice guidelines. Staff were happy with the support they received and felt valued. One staff member said, "I feel valued. They invested in me to do a management course. It was an amazing opportunity." Another staff member said, "The training is good and gave me an understanding of my role."
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff had regular supervisions and appraisals where they could discuss development opportunities.

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

- People were supported to understand what healthy eating meant so that they could take informed decisions about what they wanted to eat.
- People were referred to dietitians when needed and healthy eating plans were in place for people to understand what this meant. People had speech and language therapist supporting them in case they needed specialist diets.

- People`s ability to prepare food varied and staff adapted their support to people`s abilities.
- Staff worked with people to develop life skills from making cup of tea to prepare their own meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff working at the home were able to promptly identify when people`s health needs changed, and referrals were made to health professionals involved in people`s care.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the treatment and support provided was effective and in people`s best interest. For example, when a person health needs changed appropriate health and social care professionals were involved to ensure their needs could be safely met in the service.

Supporting people to live healthier lives, access healthcare services and support

- People had an annual health check which included dental and optical check-ups.
- People had regular support from district nurses, GP, speech and language therapists, dieticians and physiotherapists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and listened to them. One person said, "Staff are always nice, and kind and they listen."
- We observed a person approaching staff and management. They did so with confidence and smiling. They were clearly familiar with staff to joke and feel relaxed in their presence.
- Staff were able to tell us about people's needs, likes and dislikes without referring to care plans. They told us how well people adapted when they transitioned from residential services to supported living.

Supporting people to express their views and be involved in making decisions about their care

- People told us they discussed their care needs regularly with their key worker and the support was adapted according to their wishes.
- One person told us, "I am involved in my care and have regular meetings with my key worker."
- Staff communicated with people using people's preferred communication methods, easy read documentation and pictorial aids. This helped ensure people understood the information given to them and felt involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People said they felt comfortable in staff's presence and their dignity and privacy was respected. One person said, "This is my flat and staff will knock. I have my privacy."
- People were supported to learn new skills and be independent as much as possible. Staff told us about a person who enjoyed new challenges and learned cooking.
- People's records were kept in locked offices or electronically. They also had a copy of their care plan in easy read and pictorial format in their own flats, so they could refer to it when needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said the support they received was as they liked and preferred it. One person said, "Everything is the way I want it. I go on holiday."
- Care plans were personalised to reflect people's likes, dislikes, preferences and personalities.
- Staff knew people very well and they told us how much they liked supporting them.
- People were encouraged to pursue interest and hobbies. One person said, "I like going to the pub." Another person told us, "I like watching TV and go on holiday."

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was shared with people using the service. If people raised a concern or a complaint the service managers discussed this with them and responded in a format people preferred and understood. The provider was monitoring complaints received to ensure any trends and patterns could be identified and improvements implemented if needed.

End of life care and support

- At the time of the inspection there was no end of life care provided. However, one person's health was declining, and meetings were held with the person and other professionals to establish what the person's wishes were for future treatment.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were very positive about how the service responded to their changing needs. People told us they received the care they wanted. One person said, "They [staff] respect my wishes and I am happy."
- The registered manager appropriately reported relevant issues to us and commissioners of the service.
- People's care records and their wishes and consent to the support they received

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a management structure in place where the registered manager was responsible for the overall quality and safety of the care people received. Each supported living service had a service manager based at the services to ensure management support was available to people and staff.
- Staff told us they felt valued and listened by their managers. We saw that staff had one to one support appropriate for their job roles.
- The provider and registered manager had a clear understanding of duty of candour responsibilities and reported any significant events appropriately. Staff were clear about their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular house meetings. This gave staff an opportunity to check if people were satisfied with their care and also to see if people had any ideas about how the service could be improved.
- Staff were positive about the support they received from the management team and told us that the provider and the managers were extremely supportive, had an open-door policy and listened to them.
- Staff were invited to attend regular meetings to discuss all aspects of the service as well as any ideas to share or feedback about the service.

Continuous learning and improving care

- The provider had an effective governance system in place. Regular audits were carried out by the service managers and registered manager to ensure the care delivered was safe. Actions were taken in a timely way where needed to improve the service.
- The registered manager and service managers kept themselves up to date with current legislation and best practice when caring for people with a learning disability and autism.
- The service managers told us they were well supported by the registered manager and the provider's head

office staff.

Working in partnership with others

- The manager and staff worked together with other health and social care professionals involved in people`s care.
- We saw that dieticians, speech and language therapists, social workers and other professionals regularly visited the service.