

# Outreach Community and Residential Services Domiciliary Support Team

## Inspection report

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Date of inspection visit:  
25 May 2022  
31 May 2022  
07 June 2022

Date of publication:  
29 July 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Domiciliary Support Team is a domiciliary care agency registered to provide personal care to people with learning disabilities, mental health and autism, who live in their own homes and in seven supported living settings. At the time of the inspection the service was providing support to six people in their own homes and twenty-nine people in seven supported living settings.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

There were quality assurance systems in place to monitor the safety and quality of care provided. These systems needed to improve, to ensure risk assessments and care plans provided staff with accurate and up to date guidance.

Three safeguarding incidents reported to the local authority had not been notified to CQC. This is a legal requirement.

We received positive feedback from people and their relatives about the care provided. They told us care was person centred, people were treated with dignity and respect and staff were kind and caring.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

### Right Support

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People were supported by staff to pursue their interests.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

### Right culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality

life of their choosing. People and those important to them, including advocates, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

Since the last inspection the provider's registration has changed as they had moved premises. The last rating for the service under the provider's previous registration was Good (published on 2 May 2019).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Domiciliary Support Team

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

Before the inspection we reviewed the information, we had received about the service. This included CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. We sought feedback from the Local Authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with ten care staff including the chief executive, the director of operations, two registered managers, two assistant residential service managers and four support workers. We received feedback from one visiting professional. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Three safeguarding referrals to the Local Authority had not been notified to CQC. The service had logged the incidents under their own system and had worked with the Local Authority to resolve. Following the inspection these notifications were sent to us retrospectively. We report on this further in the well led domain.
- Staff had received training in safeguarding and whistleblowing and understood how to identify and report concerns.
- People and their relatives told us the service was safe in their experience. One relative stated, "[Person] is perfectly safe, I have no worries at all."

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff on how to recognise indicators of risk and what action to take to mitigate the risk. However, they were not always accurate and needed updating. There was no impact on people who use the service. We report on this further in the well led domain.
- People had Personal Emergency Evacuation Plans (PEEPs) in place. These contained appropriate levels of detail, so staff and first responders, could support people to leave the building in an emergency.
- Staff managed the safety of the living environment well through checks and actions to minimise risk. The service worked with the relevant housing association for any maintenance requirements at the supported living properties.

Staffing and recruitment

- Recruitment systems were in place, but needed to be more thorough when processing references, to ensure recruitment was safe. For example, it was not clear which employer one reference was actually from, as a personal email with a different name to the reference provided in the application form, had been used.
- There were enough staff to meet people's needs including one to one support to carry out activities in the community.

Learning lessons when things go wrong

- All incidents and accidents were recorded and reviewed by the registered manager to ensure actions were taken to reduce the risk of a reoccurrence.
- Staff understood their responsibilities to report incidents and accidents and were confident that senior managers would respond.
- Weekly information was sent to the provider's head office, and included the notification of any incident,

accident or near miss that had occurred within the service. Management were able to identify opportunities for lessons learned and to assess if there were any themes or patterns that were emerging in the data.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the registered manager completed regular competency checks to ensure correct procedures were followed.
- Recent monthly medicines audits had been completed. The provider told us that identified actions were carried out by relevant staff in a timely way prior to management review of the audit.
- Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'.
- The MAR's we reviewed showed that people were receiving their medicines as prescribed. However, we saw there were gaps in MARs when creams should have been applied. This had not been identified by the providers own audits.
- Body maps were not always used to show which areas creams needed to be applied. Therefore, we could not always be assured that they were being applied appropriately.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed.
- Care plans provided staff with guidance on how to care for people. These were not always accurate or clear and needed updating. We raised this issue with the registered manager and action was taken to update the care plans. We have addressed this issue further in the well led section of the report.
- Care plans contained person-centred information about people's likes and dislikes and their preferred routines.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion. The registered manager agreed to review processes to ensure assessments captured people's sexuality where appropriate.

Staff support: induction, training, skills and experience

- Staff completed a full induction when they commenced employment. This included mandatory training, shadowing experienced staff and competency checks carried out by senior staff.
- Staff new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff had access to further training opportunities, including those required to meet people's specific needs.
- All the staff we spoke to were positive about the support they received including the induction and the training opportunities available.

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

- People's food and fluid intake was not monitored and recorded effectively. One person needed support to eat and drink due to problems with their memory. There was no record of fluids being recorded to identify whether the person was having enough to drink. There was a monthly weight chart, but it had not been completed as required. We brought this to the registered manager's attention. There was no impact on people who used the service and action was taken immediately to address the issues identified. We report on this further in the well led domain.
- People were supported to eat and drink in line with their cultural preferences and beliefs.

Adapting service, design, decoration to meet people's needs

- Each supported living property was adapted to meet the needs of the people living there, for example accessible bathrooms. People's rooms were personalised, and each location was comfortable and well

equipped.

- People were able to spend time privately, in their rooms and use the communal facilities. Communal areas were well-decorated and clean.

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

- People were supported to have annual health checks with the GP and to see other health professionals as required, such as opticians and district nurses.
- Hospital passports had been developed to give hospital staff an overview of people's needs if they needed to be admitted. One person did not have a hospital passport. We raised this with the registered manager.
- Relatives confirmed that people were supported to access healthcare services.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Mental capacity assessments were completed, and best interest decisions made for those people who did not have capacity to make decisions.
- Staff received mandatory training on the MCA. Staff understood and worked within the principles of the MCA.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they promoted people's privacy, dignity and independence with good examples given around personal care.
- Relatives told us that people were treated with dignity and respect. Comments included, "Yes, [carers] don't just march in, they knock. They respect [persons] privacy" and "They always take care around this issue. They make sure [person] is appropriately dressed and remind [person] to lock the door".
- Relatives told us people's independence was promoted by staff. A visiting professional told us, "Most families speak exceptionally well about the staff and the support they receive and how individuals are promoted to have good quality lives and how their independence has been improved."

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

- People were treated with dignity and respect. We observed good interactions between people and staff. Staff understood that each person was unique and gave examples that demonstrated they knew people well.
- People, and their relatives told us that staff were kind and caring. Comments included, "They are very good, they understand [person] well, they get [person] into conversation and can sense when [person] is upset. They are very caring", "They are always very pleasant with [person] and know [person] well. They laugh with [person]. They know [person] well now" and "I look at the care workers as our friends. They are so good. They do things that are not expected. For example, for the Jubilee they made decorations."
- People's religious and cultural backgrounds were known and respected. Relatives told us, "They are excellent at taking him to church on Sunday" and "In our religion, we have a different way of going to the bathroom and showering. They respect that".
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way.

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

- There was a range of methods used to involve people including regular house meetings, surveys and one to one support from designated keyworkers.
- Staff encouraged people to identify activities and goals. These were recorded in care plans. One example included plans to support one person with a passion for horses to pursue this activity in the community.
- Relatives and families were routinely involved in people's care and invited to meetings as required.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service assessed people's communication needs as part of the admission process.
- We found shortfalls in one care plan, where the person's communication plans did not accurately reflect the detail provided in formal assessments by the Local Authority and the NHS. These assessments are used to identify possible triggers, where people may become anxious and identify strategies to manage this. We report on this further in the well led domain.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Person centred care plans identified key routines and support needs.
- Staff supported people to identify and work towards individual goals that were important to them. Staff knew people well and the level of support each person needed.
- People were supported in their chosen social and leisure activities. People and their relatives told us, "They take me out as often as they can. They take me shopping. They have got me into a new hobby" and "They are trying to take [Person] to the gym and cinema. They have done a photographic timetable. [Person] chooses the activities".
- Staff told us people had active lives. Comments included, "Yes, we proactively look for opportunities and we bring activities into the house too. One person likes horses for example, so we are looking for volunteering opportunities" and "Yes, they go out into the community and they follow their interests".
- We received positive feedback from a visiting professional about people's support to access activities and the wider community.

### End of life care and support

- No one was currently being supported with end of life care. There was an end of life policy and a process to follow if people required support.
- Senior management had received training in the six steps model provided by a local hospice and other staff received training as part of their induction.

- Staff were committed to supporting people to remain at the home when approaching the end of their lives, if this was their wish.

#### Improving care quality in response to complaints or concerns

- The service had a very low level of complaints. A complaints policy was in place and the service was quick to respond to any concerns. Relatives told us they knew how to complain and were comfortable to do so. One relative told us, "I like that as a parent I am listened to. I feel I can talk to any of them at any time".
- A health and social care professional told us the service handled complaints well, "The service has gone above and beyond trying to resolve issues and are focused on maintaining good quality support for the individual. They have been referred for an independent advocate."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Better oversight was required to ensure care standards were maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Accurate and contemporaneous records were not always maintained regarding people's care. This included risk assessments, medication records, food and fluid charts and communication plans. This meant we couldn't always determine if people were receiving the care they required.
- The home completed a range of audits to assess the safety and quality of the care provided. These audits had not identified the gaps we found during our inspection in relation to care plan records and non-notification of appropriate incidents to CQC.

Recording shortfalls had not been identified through quality monitoring systems. We were not assured the provider had clear oversight of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The responses we received from people and their relatives were positive about the culture of the service. We received good feedback about the care provided. These included, "It is a very homely environment. It doesn't feel institutionalised. The staff are very caring and supportive. If they have concerns, they involve us" and "I like that [person] is happy there, goes out and sees people. It is a good place. They set things up for them. Each one goes to different clubs."
- Staff enjoyed working in their roles and told us the care was person centred and focused on achieving good outcomes for people. Comments included, "Yes, this service is empathic, and we provide good support to people" and "Yes, there are clear values and we go the extra mile to be person-centred."
- An open and transparent culture was evident throughout the inspection and this was supported through feedback from relatives. They told us, "[Senior managers] are fine, contactable and ready to listen. They solve any problems", "Yes, it is well led, they listen to us and they are nice" and "They do listen if I have issues. There is good communication."
- Staff told us that the communication in place was good and that staff team meetings were effective. They felt involved and consulted in the running of the service.
- The service was in the process of collating surveys returned by people using the service during the inspection.
- Communication with relatives was good and they were kept informed and were involved in care planning

where required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers understood their responsibility around the duty of candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service had well-established partnership working with health and social care professionals which helped to improve and maintain people's wellbeing. We received positive feedback from one visiting professional.
- A local commissioner acknowledged that there had been no complaints made to them and that they had no concerns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Recording shortfalls had not been identified through quality monitoring systems. We were not assured the provider had clear oversight of the service.</p>