

R-H-P Outreach Services Ltd

R-H-P Outreach Services-30 Thornford Road

Inspection report

30 Thornford Road
London
SE13 6SG

Tel: 02036025543

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04 October 2022

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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

R-H-P Outreach Services-30 Thornford Road is a residential care home providing personal care to up to four men. The service provides support to men who are recovering from mental health difficulties. At the time of our inspection there were two men using the service, one of whom was temporarily in hospital.

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

The provider assessed the risks to people's health and safety in the delivery of care and had clear risk management guidelines in place. There was a clear safeguarding policy and procedure in place and the person we spoke with confirmed they felt safe around staff. There were enough staff scheduled to support people and people's medicines were managed safely. The service was clean and the risk of infection was managed and controlled. The property was appropriately designed to meet people's needs.

The provider assessed people's choices before they started using the service. Their nutritional needs were met and the provider encouraged them to make healthy lifestyle choices.

Staff were caring and supported people to live the lives they wanted. People were supported in a way that safeguarded their privacy and their dignity and people were supported to be as independent as possible.

The provider had a clear complaints policy and procedure in place. The provider supported people to be active and avoid social isolation and communicated with them effectively.

The service had a positive culture that achieved good outcomes for people. The provider worked closely with other multi-disciplinary professionals in the provision of care and followed advice when needed.

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

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

Rating at last inspection:

We registered this service on 6 February 2019 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

R-H-P Outreach Services-30 Thornford Road

Detailed findings

Background to this inspection

Inspection team

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by a single inspector.

Service and service type

R-H-P Outreach Services-30 Thornford Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, such as any notifications about the service.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 29 September 2022 and ended on 21 October 2022. We visited the location's office/service location on 4 October 2022. We spoke with the registered manager during our inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person using the service and two care workers over the telephone and liaised with one professional who regularly visits the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed the risks to people's health and safety in the delivery of care and had clear risk management guidelines in place. We reviewed the risk assessments for both people using the service and found personalised assessments were in place in specific areas of risk to both people. These included assessments for the specific health conditions of both people.
- Staff had received specific training in the management of people's health conditions and demonstrated a good understanding about the specific risks to their health and safety. For example, one care worker gave us details about a specific risk to the person's health and they described actions they would take to persuade the person to make the right choices to safeguard their health.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe when living at the service. The person we spoke with confirmed they felt safe around staff and felt comfortable around them.
- Care staff had received training in safeguarding adults from abuse and demonstrated a good understanding about what constituted abuse. Staff told us they were aware of signs of abuse and were vigilant in ensuring there were no issues. One care worker told us, "We have keyworker meetings and spend a lot of time with them, so we can look out for any signs that anything's not right."
- The provider had a clear safeguarding policy and procedure in place, which stipulated the actions they were supposed to take in the event of a safeguarding allegation. At the time of our inspection, there had been no safeguarding concerns raised at the service.

Staffing and recruitment

- The provider conducted appropriate pre-employment checks before employing staff. We reviewed two staff files and saw candidates were interviewed, asked for a complete employment history, as well as two references from their most recent employers. Candidates right to work in the UK was evidenced through passport checks.
- The provider also conducted DBS checks before employing people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff working at the service to provide people with care. At the time of our inspection there were two people using the service, but one person was in hospital. We found there was one care worker working alongside the registered manager for the one person who remained in the home. We also reviewed the staffing rota for the month of September and found there were enough staff scheduled to

provide people with care. Staff told us there were consistently enough people on duty to support people.

Using medicines safely

- The provider managed people's medicines safely. Medicines were ordered, stored and administered safely in accordance with guidance and people's individual needs. The provider kept people's medicines in a locked cupboard and completed daily medicines administration records after each administration.
- The provider conducted additional checks to ensure people's medicines were managed safely, which included a daily count, a daily temperature check of the storage as well as monthly audits of medicines. We also counted people's medicines and found the amounts tallied with their records.
- Staff had received medicines training in the last year along with checks of their competency. When we spoke with them, staff demonstrated a good understanding of their responsibilities in medicines management.

Preventing and controlling infection including the cleanliness of premises

- 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.

The provider safely facilitated visiting to people using the service. Visitors were asked whether they were feeling unwell and would be asked not to enter if they were feeling unwell. They were also asked to wear face masks.

Learning lessons when things go wrong

- The provider had appropriate systems in place to learn lessons when things went wrong. At the time of our inspection there had been no accidents or incidents in the delivery of the service, but the registered manager explained they would investigate all incidents in order to identify learning points to mitigate against future, potential risks.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

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

- The home was a residential property and was designed to meet people's needs. The building was in a good state of decoration and was tidy.
- We found one person using the service had an en-suite bathroom and there was a sheltered area in the garden, which was used for both people as a smoking area.

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

- The provider assessed people's needs and choices in the planning of their care. Before people moved into the service pre-admission assessments were completed in order to identify their needs in various areas, to ensure the provider was prepared in advance of their admission. This included requesting information from the local authority. We reviewed initial assessments and saw they included details of people's physical and mental healthcare needs as well as any known risks in the delivery of their care.
- Care was delivered appropriately in line with standards, guidance and the law. This included extensive liaison with mental health professionals about people's specific needs.

Staff support, training, skills and experience

- The provider's staff had the right training, skills and experience for performing their roles. People told us they thought staff were skilled.
- New staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff were also required to conduct additional training modules in areas specific to people's needs for health conditions that were not covered by the Care Certificate.
- Care staff told us they found the training useful to their roles and they felt they received enough training. One care worker told us, "We get enough training."

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

- The provider supported people to maintain a balanced diet that met people's individual needs. People's care records included details of their dietary needs as well as their preferences in relation to the food they ate. We found one person using the service had specific dietary requirements. Their care records therefore included dietary advice for care workers, along with details of the person's preferences in relation to food.
- People's cultural food preferences were also sought and facilitated. The person we spoke with confirmed they were supported to eat meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies to provide consistent and timely care. People's records included evidence of joint working with a range of multi-disciplinary professionals including psychiatrists, dentists and hospital professionals regarding their specific health conditions. Where specific advice had been given, we found this was incorporated into people's care plans.
- The provider supported people to live healthier lives. Care records included information about healthier eating and the registered manager confirmed they spoke with people about making healthier lifestyle choices.

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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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.

- We found the provider was working within the principles of the MCA. Both people using the service had capacity to consent to their care. Care workers demonstrated a good level of understanding about the importance of ensuring people consented to their care. We found both people had signed consent forms agreeing to receiving care as well as a 'Service user agreement' which demonstrated that both the provider and person agreed to certain responsibilities in the provision and receipt of care.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant 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

- The provider ensured people were well treated and supported. The person we spoke with told us staff were kind and helpful.
- People's equality and diversity was respected. People's support plans included details about their religious and cultural needs and their cultural food preferences were also met.

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

- People told us they were provided with the care they wanted. The person we spoke with told us they were supported to live their lives in accordance with their own preferences.
- People's care records included details about their specific needs in how they wanted their care delivered. This included information about their personalities, their likes and dislikes and their routines among other matters.

Respecting and promoting people's privacy, dignity and independence

- Care workers confirmed they supported people in a way that safeguarded their privacy and dignity. On the day of our inspection, one person using the service wished to remain in their room as they were sleeping and care workers were respectful of this. They told us about the person's usual routine and wake up times and confirmed they supported the person as they wanted. They gave us examples of how they supported people in a dignified way. One care worker told us, "When you're entering [the person's] room, you don't just go in, you have to knock and wait until [the person] answers."
- The provider supported people to be as independent as possible and care workers gave us examples of how they did this. People's care records included examples of how people were supported with activities such as cooking and cleaning. One care worker told us, "We help people, we don't do things for them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider planned personalised care to ensure people had choice and control over their care. The person we spoke with told us they got the care they wanted.
- The registered manager confirmed care was designed to meet people's individual needs and they did not impose their views on the way people chose to live their lives. One care worker told us, "We ask people questions about how they want to spend their days or how they want their routines. We make suggestions on different things, but at the end of the day we support people, we don't live their lives for them." Care workers confirmed they understood people's individual needs well. For example, care staff gave us examples of their likes and dislikes in several areas.
- People's care plans were written in consultation with people and their families. Care records included personalised details about people's individual needs. This included people's preferences in relation to their routines and their food preferences as well as other matters.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibilities under the Accessible Information Standard. When conducting initial assessments into people's needs, the provider asked questions about people's communication needs.
- At the time of our inspection nobody using the service required any adaptations to their written communications, however one person using the service had specific needs in relation to how they verbalised. Care workers demonstrated an understanding of this and accommodated the person's needs.

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

- The provider supported people to access activities and spend time in a way they wanted. We saw both people using the service had weekly timetables in place. This included activities, household chores as well as any appointments they had. Care workers gave us examples of how they supported people to spend their time as they wanted. For example, one care worker told us they helped people while out shopping for food they wanted and they helped them prepare their food too.

- The provider sought people's feedback in relation to activities in order to ensure they spent their time as they wanted.

Improving care quality in response to complaints or concerns

- The provider had a clear procedure in place for monitoring and acting on people's complaints. The provider had a complaints policy that specified the process and timeframes for responding to complaints.
- At the time of our inspection, the provider had not received any complaints. The person we spoke to confirmed they did not have any complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture that achieved good outcomes for people. Care staff spoke positively about their colleagues and the registered manager. One care worker told us, "If you're worried about something, you can talk to [registered manager] and she will help. The staff are nice and friendly. We try to work together as a team."
- The registered manager worked closely with people and we saw her interacting continuously with the other care worker who was working on the day of our inspection.

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

- The registered manager had a good understanding about her responsibilities in reporting any incidents. At the time of our inspection, there had not been any incidents at the service.

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

- The registered manager and other staff were clear about their roles and responsibilities. We questioned staff about their understanding of their roles and responsibilities and found there was a clear understanding in these areas which was reflected in their job descriptions. One care worker told us, "It's my job to support people to lead the lives they want."

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

- The provider engaged people in the running of the service. Separate resident's and staff meetings were held monthly and minutes were kept of these. We read minutes of meetings and saw relevant issues were discussed such as activities provision as well as matters such as the décor of their rooms. Where actions were needed, this was noted and followed up at subsequent meetings.
- People also had monthly key worker meetings to provide people with in- depth, confidential, one to one discussions about how they were feeling, whether they needed additional support and how they were progressing with their individual life goals. People were assigned key workers with whom these discussions were held and we saw notes and actions were kept of these meetings.

Continuous learning and improving care

- The provider conducted audits to identify issues and ensure they were meeting their responsibilities. We saw monthly audits of people's medicines as well as monthly care record reviews were conducted. The checks we saw did not identify any issues.

Working in partnership with others

- The provider worked in partnership with multi- disciplinary professionals. People's care records included evidence of joint working with other professionals including people's psychiatrists, hospital professionals and their GP. Where advice was given by the professional, we saw this was recorded and the details were followed. For example, we saw evidence of psychiatric advice being incorporated into people's care plans.
- We received feedback from one healthcare professional and they commented positively on the service.