Outreach 3-Way

One to One Plus North

Inspection report

Outreach 3 Way
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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

The inspection took place on 1 and 6 December 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

One to One Plus North forms part of a larger service provided by Outreach 3 Way which is part of Dimensions. This includes outreach services, supported living and day centres, all of which fall outside of the Care Quality Commission's scope of registration. The domiciliary care provides personal care to people living in their own homes or within the supported living services. At the time of our inspection, the service supported 20 people with personal care. The service works with people with a learning disability and autism. Due to their complex needs, people were not able to tell us in any detail about their experiences of the care they received.

The service had a manager in place that was not registered with Care Quality Commission, however an application had been submitted. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

People were safe with the staff and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff deployed to support people with their assessed needs. The manager considered people's needs when allocating staff and staffing levels were calculated appropriately. The manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and were confident appropriate action would be taken.

People and their relatives were empowered to contribute to improve the service. They had opportunities to feedback their views about the service and quality of the care they had 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

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff deployed to ensure people received the care and support they needed.

Staff understood their responsibilities to protect people from abuse.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

Staff understood how consent to care should be considered.

People's health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People were encouraged to make their own decisions. They were treated with kindness and respect; their dignity and privacy were upheld.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care was delivered in a highly person centred way by staff who understood them. People and their relatives were given the information they needed and were encouraged to make choices.

Care records reflected people's assessed needs.

The service responded to people's experiences. People knew who and how to complain to if needed. Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good

The service was well-led.

The management team provided strong, clear leadership and ensured a person-centred culture was embedded in the service.

Staff feedback was that their managers were supportive and approachable.

Systems were in place to effectively monitor the quality and safety of the service. There was a commitment for the improvement of the service.

There was an open culture in the service, focussing on the people who used the service.

One to One Plus North

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.

This inspection took place on 1 and 6 December 2016. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the service manager and locality managers.

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 also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

As part of the inspection we sought feedback from people who use the service, care staff and social care professionals. We spoke with four people who used the service. Due to their complex needs, they were not able to tell us in any detail about their experiences of the care they received. We briefly met with a group of people who were attending the day service, but they were not able to share their views about the personal care they received. We spoke with eight care staff, the overall service manager, locality managers and office staff.

We looked at care records for six people, a number of policies and procedures, four staff recruitment files, staff training, induction and supervision records, staff rotas, complaints records, incident records, audits and minutes of meetings.

The service was last inspected in February 2014 and there were no concerns.

Good

Is the service safe?

Our findings

All people we spoke with told us that they liked the service. Due to their complex needs, people were not able to tell us in any detail about their experiences of the care they received. We were told that they were, "Happy," and they, "Like it."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Feedback from staff told us that staff knew what action to take to protect people if they suspected they had been harmed or were at risk of harm. The manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. We were told that they also made sure staff understood their responsibilities in this area. The service followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were assessed and risk assessments were completed. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas associated with people's behaviour and autism, for example behaviour which challenges. Where risks had been identified these had been assessed and actions were in place to mitigate them using the least restrictive practice. Staff provided support in a way which minimised risk for people whilst maintaining their independence and choice. The service assessed the environment and premises for safety as part of the initial assessment, including slip and trip hazards. Other areas assessed for staff safety included risks related to staff lone working and lone travelling.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the manager. This included events that related to the well-being of people. Records showed that the relevant professionals and relatives had been contacted. All accidents and incidents were discussed by staff with the management team. Actions taken helped to minimise the risk of future incidents.

There were enough staff to meet people's needs. People and staff told us there were sufficient numbers to keep people safe and the records we checked confirmed this. People appreciated that they received personal care from the same member of staff. Staff told us how people did not respond well to changes, especially with staff. We were told that, "[Name's] parents have requested that I look after [Name]. I have a really good rapport with [Name]. She can get anxious with other staff, when they don't know each other so well."

People's support needs were considered when completing the staffing allocation and staffing levels were calculated appropriately. Staffing allocations for the past month demonstrated that the staffing was sufficient to meet the needs of people using the service. The staff allocations included time scheduled for staff training and staff meetings. This meant that these tasks did not remove staff from their caring and

support duties. Staff told us that they had enough time to provide the support people needed. When there were staff absences such as, holiday or sickness, this was covered by other staff on the team.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started working at the service, criminal records checks were made with the Disclosure and Barring Service.

Staff responsible for people's medicines received appropriate training, which was updated when required. Records confirmed this. Staff told us the training was thorough and they were confident they knew what to do to ensure people's medicines were managed safely. Staff were able to explain the procedures for managing medicines. People's care plans detailed the assistance they required with regards to their medicines. They included 'How I take my medicines', for example on a spoon with a glass of water.

Good

Is the service effective?

Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. People spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge. We saw and staff confirmed that they knew people well.

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. The induction period also included shadowing shifts and competency assessments to ensure staff were ready to undertake their care duties. New staff's progress was reviewed on a frequent basis as part of staff supervision.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, food safety, infection control, medicines, safeguarding vulnerable adults, first aid, lone working, mental capacity, deprivation of liberty and equality and diversity.

The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The service used different methods to train their staff including online e-learning and face to face training sessions. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff had training in autism, person centred support and Positive Behaviour Support. Positive Behaviour support is a model which contains strategies of how staff should support people, with learning disabilities and other complex needs, to reduce anxieties and manage behaviours displayed. Other online training available to staff included, stress at work and having difficult conversations.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff told us they felt supported by the overall service manager, their line manager and the other staff. They said there was opportunity to discuss any issues they may have and ways in which staff practice could be improved.

During our visit we saw good communication between all grades of staff. Feedback received form care staff told us that they felt they were inducted, trained and supervised effectively to perform their duties.

People's rights to make their own decisions, where possible, were protected. People were involved in decision making about their care and support needs. Care plans contained a decision making agreement which included who should be involved in decision making and who had overall responsibility for any final decisions. For example one care plan stated, 'My mother and I must be involved in all decision making.' Another care plan stated, 'I need to be given information several times to reinforce it.' The care plans also incorporated a section for people or their relatives to sign to say they agreed to its content.

During our visit we met with people who were attending a day centre and at one of the supported living services. We observed that staff involved people. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff made sure that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied the person understood the choice available. We saw that the people within the supported living service got to choose what they had for lunch and how they spent their time. This confirmed staff understanding and practice of people's rights to make choices and give consent.

Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they understood their responsibilities under the act. People told us staff always asked people for their consent before providing care.

Where providing meals was part of the package of care and / or where there was concern this was included within people's care plans. Where people were not eating well, staff would highlight that to their line manager so that professional guidance could be sought. For example referrals were made to Speech and Language Therapists (SaLT) if people had difficulties with swallowing. People told us and our observations confirmed that staff prepared people's food the way they liked.

People had access to health care relevant to their conditions, including GPs and district nurses. Staff knew people well and referrals for regular health care were recorded in people's care records. Staff told us that they supported people to attend appointments if this was needed.

Good

Is the service caring?

Our findings

The caring ethos of the service was evident. Due to their complex needs, people were not able to tell us in any detail about their experiences of the care they received. We observed people smiling and choosing to spend time with staff. Exchanges between people and staff were positive, respectful and caring. People received care and support from staff who knew them well. Staff spoke warmly about people and the service. A staff member told us, "There is a lovely team here, the staff, people I support and their families." Everyone we spoke with thought people were treated with respect and dignity. Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind.

People were encouraged to be involved with the care and support they received. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. We saw that people's care was not rushed enabling staff to spend quality time with them and they spent time listening to people and responding to their questions. Staff told us that they explained what they were doing and offered reassurance when people appeared anxious.

We were told that people, their relatives and relevant healthcare professionals were involved in the planning of people's care. Staff spent time with people to ensure that the plan of care met expectations. People's needs relating to equality and diversity were assessed at the start of the service. Care plans included instructions to staff on what actions they needed to take to meet people's individual cultural needs. People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. Care plans incorporated information for staff on protecting people's dignity, and people's preferences were respected when care was provided. We saw that staff knew people well and were aware of their personal preferences.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their care certificate induction training. All personal records were kept securely in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

We saw that the staff chatted with people who appeared to enjoy their company. The overall impression was of a warm, friendly and safe service where people were happy.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes, behaviours and how they liked things done were explored and incorporated into their care plans. Staff were responsive to people's needs. People's abilities were kept under review, any changes were noted in the daily records and care plans were updated if indicated.

People's care plans were person centred and based on a full assessment, with information gathered from the person and others who knew them well. Care plans provided staff with step by step guidance on how to manage people's emotional needs and behaviours. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. Staff knew people well and how they liked things done. Staff did things the way people wanted.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Changes in people's needs or behaviours were reported to the manager and recorded in people's daily notes. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans. This meant people received consistent and co-ordinated care that changed along with their needs. The daily records were completed by staff at the end of their support visit. They included information on how a person presented whilst receiving support, what kind of mood they were in and any other health monitoring information. Staff completed an outcomes learning log which included details of what went well and what didn't go well. This information was then monitored and the plan of care was updated or amended as required.

Care plans were stored electronically which enabled staff to access and update records remotely. A copy of people's records was also kept at the office. The records were available to all staff and any updates in people's care or behaviour was communicated to staff by email or telephone. This ensured that staff were aware of any changes so people received care to meet their needs.

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People were aware of how to raise a concern and told us they were confident the service would take appropriate action. People were given information about how to make a complaint when they started a package of care. People told us they were generally happy with the service and had no cause to complain. Five complaints had been received in the last year, all of which had been appropriately investigated and resolved in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. There was an open and friendly culture which aimed to provide good outcomes for people. The manager took pride in the service and the wider company and was looking for ways to improve, "We look at ways of learning and talk things through".

The management team were aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Good management and leadership were demonstrated throughout the inspection. The management team were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or their line manager.

People were able to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. The manager was committed to providing a service that was tailored to meet people's individual needs. We were told that Dimensions had a quality audit team which worked with family members and experts by experience to provide quality feedback on the service. An annual report was produced by the team which covered all aspects of the service. The report summarised people's comments and identified areas for action. A follow up audit had taken place to ensure that the identified shortfalls had been rectified. We saw both audit reports which evidenced that action had been taken to improve the medication procedures.

Quality was integral to the service and there were systems in place to drive improvement. Quality assurance systems monitored the quality of service being delivered and the running of the service, for example audits of care records and staff files. Accident and Incident forms were completed online. These were analysed for trends and patterns. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.