Action for Children

Action for Children Outreach Services Cambrigeshire

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

Overall summary

Action for Children Outreach Services Cambridgeshire is registered to provide personal care to younger people who live in their own homes. The service's registered office is located on the outskirts of Huntingdon. At the time of our inspection there was one person using the service.

This announced inspection took place on 16 December 2015. This was the service's first inspection since it was registered with the Care Quality Commission.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

A robust recruitment and induction process was in place. This helped ensure that the quality and suitability of staff met legal requirements. People were supported with their preferences by skilled and experienced members of staff.

Staff were trained and had their competence to safely administer medicines safely regularly assessed. Safe medicines administration and management practices were adhered to. Staff had acquired the skills to be confident in identifying and reporting any harm should this ever occur.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. No person was currently meeting the age requirements of the MCA. However, not all staff had an embedded understanding of the MCA. This meant that there was a risk of people being provided with aspects of their care that was not always in their best interests.

People's care was provided with compassion by dedicated staff who knew and understood people's preferences. People's privacy and dignity was respected by staff who adhered to good standards of care. People were supported to make decisions about the aspects of their lives that were important to them.

People and family members were involved in planning their care provision. This also included healthcare professionals, social workers and staff. Advocacy arrangements were in place to support those people who required someone to speak up on their behalf. Regular reviews of people's care were completed to help ensure that people were provided with care and support based upon their latest information.

People were supported to access a range of health care professionals including a GP. Health care advice and guidance was adhered to. Prompt action was taken in response to people's health care needs.

People were supported to ensure they ate and drank sufficient quantities. People had the choice to eat their favourite foods when they wanted to.

People were supported to raise concerns or suggestions in a way which respected their rights. Staff responded quickly to any changes in a person's well-being if the person was not happy. Information and guidance about how to raise compliments or concerns was made available to people and their relatives.

Audits and quality assurance procedures in place. This helped identify good practice, areas for improvement and what worked well. The registered manager attended a range of forums to help ensure good practice was identified and shared. Support was provided to develop staff' skills and obtain additional care related qualifications.

Summary of findings

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.

Staff were knowledgeable about reporting and acting on any concerns if ever they had these.

A robust recruitment procedure and checks on staff's suitability helped ensure only the right staff were offered employment. People's needs were met by suitably qualified and competent staff.

Procedures and measures were in place to manage the risks people were exposed to. Accidents and incidents were responded to and acted upon.

Good

Is the service effective?
The service was effective.

People were cared for by staff whose induction and on-going training prepared them well for their role. However, not all staff had an embedded understanding of the Mental Capacity Act 2005.

Care staff had the skills, experience and knowledge they needed to meet people's needs.

Staff took appropriate action in response to people's changing health needs.

Good

Is the service caring?
The service was caring.

People were cared for as individuals and staff respected people's choices and how these were to be met.

Staff recognised people's rights to a family life, privacy and they promoted people's independence.

People's information was held securely and in a way which respected people's right to confidentiality.

Good

Is the service responsive?
The service was responsive.

People and those acting on their behalf contributed to the assessment and planning of all aspects of care provided.

People's concerns, compliments and suggestions about their care were identified in a way which respected people's independence.

Any changes to people's care were implemented in a way which reflected people's individually assessed needs.

Good

Is the service well-led?
The service was well-led.

All staff received the support they needed from the registered manager who actively promoted the development and improvements to the service.

The registered manager had developed and fostered an open and honest culture with all their staff.

Good

Summary of findings

The registered provider and management staff undertook regular checks on the quality of care and made appropriate changes where required. People benefited from a service which saw what their true potential was.

Action for Children Outreach Services Cambrigeshire

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 16 December 2015 and was announced. This is because we needed to be sure that the registered manager and staff would be available. The inspection was undertaken by one inspector.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. We looked at other information that we held about the service. This included the number and type of notifications. A notification is information about important events which the provider is required to tell us about by law.

We also asked for and received information from the local authority who commission and contract care from the service.

During the inspection we were not able to speak with people or their representatives. This was because they chose not to speak with us. We spoke with the service's registered manager, the children's services' co-ordinator, two care staff, another of the provider's registered managers and the training staff.

We looked at one person's care records and their daily care notes. We looked at records of people's daily care notes and staff meeting minutes. We looked at medicine administration records and records in relation to the management of the service such as checks regarding people's health and safety. We also looked at staff recruitment, training, supervision and appraisal processes as well as compliments, quality assurance, accident and incident and audit records.

Good

Is the service safe?

Our findings

People who used the service were supported to be as safe as practicable. Concerns about people's safety would be recognised and acted upon swiftly. This was by staff who were trained and were knowledgeable about what keeping people safe meant. One member of staff described the reporting procedures and who they could report any concerns to. For example, the registered manager, local authority and OFSTED if this was required.

During our inspection we found that people were supported with their needs by a sufficient number of staff. Care staff told us that however long care was needed that this was the period of time they stayed for. One member of care staff said, "I care for people near to where I live which helps get to people on time." The registered manager confirmed that this helped ensure that staff were available to arrive on time when rostered. Records viewed showed that staff provided care at the allocated time, stayed for the required period and undertook the care that was needed. One staff said, "There is always enough time to meet people's needs. Having a few hours with people means we don't have to rush."

The commissioners' of the service confirmed to us that they did not have any concerns about people's safety and that the service had sufficient staff. They also said, "They [name of provider] are very honest. If they can't safely meet a person's needs them they do not start the provision of care. This meant that risks to people were minimised." Information in the PIR from our survey confirmed that all people who used this service were safe.

Processes were in place should staff ever have a need to report poor standards of care. Staff were also confident to report any poor standards of care if ever this was necessary by whistle blowing. One care staff said, "I have never had a need to whistle-blow, but if I did then I would do this without fear of any comeback on me."

The registered manager told us that people's safety came first and foremost. They said, "We [name of care provider] only recruit and employ staff who have experience of working with younger people or those that share this desire. One care staff, "I know how vulnerable younger people are and making sure they are safe is the top priority."

The registered manager and care staff confirmed that there were arrangements in place for planned absences such as leave as well as unplanned absences. This included the provision of shift rotas in advance and plans if there were issues with traffic or weather. The care coordinator said, "Yes we do have occasions where office staff are required to help but they have the skills to care as well. It's a team effort."

Risk assessments were in place for any potential accidents and incidents such as where people had experienced a fall or other untoward events. Other risk assessments were in place for subjects including people at risk whilst out in the community, the safety of the place where they were cared for in and their health conditions. These were reviewed regularly to ensure the place that people's care was provided in was as safe as it could be. We saw that actions had been taken in response to accidents and incidents to prevent the potential for any recurrences. However, some risk assessments had not been effectively reviewed to ensure any new risks affecting people's safety were as up-to-date as they could have been. This included all the correct and appropriate procedures to keep people safe such as those following an incident.

Robust recruitment processes and procedures were in place. This was to ensure that only those staff deemed suitable to work with younger people were offered employment. Records confirmed that the checks completed before staff commenced their employment were in place. These checks included evidence of staff's previous employment history, recent photographic identity and enhanced checks for any acceptable criminal records. One care staff described the documents they provided as well as describing their recruitment. They said "[Name of registered manager] interviewed me as well as a younger person." They also confirmed to us that these checks were in place.

People were supported to take their medicines in a safe way. Staff confirmed that they had been trained in the safe administration of medicines. Staff's competency to do this safely was regularly assessed. This included for any person who might need support with their medicine whilst out in the community. Where people's relatives administered their medicines the responsibilities for this were clearly identified and recorded.

Good

Is the service effective?

Our findings

Staff described accurately and in a detailed way how people's care and support was provided. One care staff described a recent situation where they had identified a change in a person's health condition. They said, "As soon as I saw [name of person] I knew something was not right. I informed the [family member] and they contacted the GP straight away." This resulted in the person's situation being resolved.

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. We checked whether the service was working within the principles of the MCA. We saw that processes were in place, along with risk assessments, which showed how people could take risks and make unsafe decisions [within the MCA]. No person using the service lacked the mental capacity to make informed decisions either with or without support from staff.

Staff were aware of how they needed to support some people make certain decisions about their care. For example, due to people's age and ensuring that they were reminded to wear the right clothes and administering people's medicines in their best interests and following MCA guidance. Care staff we spoke with had not had any training on the MCA. The provider also confirmed this in their PIR they submitted to us. This meant that younger people were at risk of not being supported with the aspects of the Act that affected them. Staff were however, aware of when care could be provided where this was in any person's best interests. No one currently using the service met the requirements of the MCA. The care coordinator confirmed that they would look into providing MCA training and how this applied to younger people including the role of the Court of Protection.

Staff told us about their induction and said that it enabled them to do their job effectively. Staff were, as part of their induction and shadowing, introduced to people gradually. This was so that any person using the service could get to know the care staff coming into their home or taking them out. This was also confirmed in the provider's PIR. One care staff said, "My induction was about 12 weeks and then I was on probation for six months. I had a work book to complete and this evidenced my training achievements." We only provide care once staff with the right skills are in place." Care staff confirmed to us that this was the case.

The provider had a comprehensive staff training programme in place. This included: supporting people who may have had behaviours which could challenge others; medicines administration; safeguarding people from harm and moving and handling. The training staff received helped enable them to do their job safely and effectively. One member of staff said, "The training is very good. We have an in house trainer and they are very good at adapting situations to the people we care for." For example, with the use of oxygen if people required this support.

Training records and plans we viewed showed us that staff were reminded when their training needed to be completed. This included any staff requiring refresher training on any particular subject. As well as formal training, staff were mentored and coached by more experienced staff in providing care based upon what worked well for each person.

Staff described the support they had received from the registered manager as "the best", "no other manager has helped me as much" and "they are always there when you need them." Staff confirmed their regular support and formal supervision was a two way conversation and an opportunity to discuss their plans for future training and any additional healthcare related qualifications. The registered manager told us that any staff progressing to management level was expected to achieve a level five management qualification in care. These included subjects such as safeguarding and medicines administration for managers.

All staff confirmed that they worked well as a team and that supporting each other in the roles they were employed in. Records showed us that people generally had the same experienced staff and that changes were made known to relatives well in advance.

People were supported to eat and drink sufficient quantities. People were involved in decisions about what

Good

Is the service effective?

they wanted to eat. This included treats whilst out in the community as well as drinks in hot weather to ensure people at risk drank sufficient quantities to help support their health condition.

Staff informed people or their relatives if they identified a change in the person's health. This allowed people and their relatives to contact a GP if required. One member of staff told us and a person's care records confirmed that they had cause to contact a GP. We found that staff's knowledge at identifying changes in people's health supported people to maintain their well-being.

Good

Is the service caring?

Our findings

We found that people's care was provided with kindness and compassion by staff who knew people and their needs well. Staff explained to us how they respected people's dignity by closing curtains and doors as well as offering reassurance and support to people whilst providing personal care. Staff also told us they gave people time to communicate their wishes as well as listening to what the person had to say. One member of staff said, "Recognising younger people as a person and supporting them to understand what was important to them and not we think is important."

People's information was held securely and in a way which respected people's right to confidentiality. Staff told us that when they arrived at people's homes they always announced themselves to the parent and younger person they were supporting. People had their personal care provided in the room or place of their choice. Compliments from relatives included, "Staff know my [family member] and their needs very well. I am very pleased with what they [care staff] do." We found that staff completed their care call for the allotted time and that it was not rushed. The services' commissioners also confirmed to us that people were well cared for and treated with respect.

Staff were very knowledgeable about the things that were important to people. They also respected people's right to a family life. The registered manager told us that, as far as possible, new staff were matched to the people they cared for. They added that, "All staff are trained to work with any person using the service and if someone [staff] is away for any reason there is always a staff member to stand in." We saw in people's daily notes how [name of person's family member] was looking forward to the return of their regular care staff. This included family members involved in a person's care so that they could co-ordinate with the care provider and complement each other's contribution.

The registered manager told us and we saw in people's care plans and a service user guide about the advocacy arrangements that were available. This was through the National Youth Advisory Service [NYAS]. NYAS provides an advocacy service for children, young people and vulnerable adults. Advocacy is for people who can't always speak up for themselves and defends equal rights against discrimination.

Staff, relatives and the service's commissioners' confirmed that people were involved as much as possible in their care planning. This included visits by staff to the person's home as well as using means of communication that were age appropriate. One care staff said, "The new forms in people's care plans are very good at helping younger people say the things they want to in their way." This gave people as much opportunity as possible to be listened to and their wishes acted upon. Another care staff said, "I love making a difference and helping people to remain living at their home."

Good

Is the service responsive?

Our findings

Prior to people starting to use the service their care and support needs were assessed. The registered manager, care co-ordinator and care staff had taken time to engage with any person using the service including relatives and service commissioners. This was for information regarding people's backgrounds and their assessed needs. Staff said that this had really helped gain an in-depth and individual understanding of the aspects of people's lives that were important to them. This included, future goals as well as current aspirations of what any person wanted to achieve. We saw that care plans were provided were appropriate in an easy read or picture format and that these were centred upon the person.

Staff told us that people's daily care records were used as a basis to inform the regular reviews of people's care. This gave staff the information on which aspects of people's care worked well and if any changes were required. This information was also used at shift or staff handover. This helped staff to respond to the person's needs based upon the most up-to-date information. Records we viewed confirmed that this was the case. Care plans were detailed and contained relevant information and guidance for staff. For example, the person's life history and what their favourite pastime was. Staff all confirmed that the care plans provided everything they needed to know about the person. One staff said, "The care plans are quite good especially if you have been helping another person. It's is another way to help to get to know the person and the things that are important to them."

People, relatives and family members had access to a service user guide. This was available in a format that enabled younger people to be involved in their care as much as possible. For example, support with their hobbies and interests and favourite pastimes such as going out to an airfield. Care staff also supported any person to go swimming. This showed us that staff supported people to reduce the risk of social isolation as well as developing people's independence.

People were supported to make suggestions or raise concerns about their care. This included their satisfaction with the way their care was provided. This was by their preferred means of communication and with support from members of staff. Various versions suitable for younger people were also provided such as in picture format. These were kept under constant review as people developed their verbal communication skills. If ever a person remained dissatisfied with their care for any reason, information was provided about organisations they could contact such as the Local Government Ombudsman.

Compliments and suggestions were recorded by the provider, responded to and acted upon. The provider had processes in place to monitor the effectiveness of any actions taken. These included checks on the time staff recorded for length of their visit and completed care call. This was to help ensure that the specified times were adhered to. Staff were knowledgeable about acting on concerns and reporting this if ever a complaint arose.

Good

Is the service well-led?

Our findings

The registered manager and staff confirmed that they were provided with information which covered the principles and values of the service. This was by the provider's Code of Conduct which was read and signed by all care staff. The registered manager told us and records confirmed that they had received an award from the provider's CEO. This was through nomination by people and staff for their passion, commitment and dedication to people using the service. This demonstrated the registered manager put the values of the service into practice.

All staff spoke highly of, and commented on the positive and stable leadership and values exhibited by, the registered manager. We saw in the PIR submitted by the provider that one of the provider's other registered managers sat on the Local Children's Safeguarding Board. The registered manager confirmed to us that they were then kept up-to-date with current children's safeguarding information. The service's commissioners also recognised how well-led the service was and how they strove to constantly improve the service. This was to help support young people to be as safe as possible and keep up-to-date with children's safeguarding practice. We found that this was the case and that guidance was being adhered to by the service and its staff.

Staff told us and we found that links were maintained with the local community. This included supporting people to go swimming, to the cinema or to a park. Staff confirmed that they assisted people to access the community and go where they preferred to.

The service had a registered manager in post. They had been managing the service since it registered in February 2014. The registered manager had not had cause or reason to notify the Care Quality Commission (CQC) of incidents and events they are required to tell us about. We found that they had processes in place, and staff confirmed, to inform other organisations they reported to such as OFSTED.

The registered manager told us how people and staff were actively involved in developing the service. This included regular conversations and meetings with people, observations and seeking relatives' views. Other ways staff monitored people's satisfaction was during day to day care visits and frequent home visits by management staff. The registered manager explained to us that staff meetings were used as an opportunity to involve staff in making a difference to the service they provided. Examples included where staff had been reminded to ensure they accurately recorded the length of their care calls. This helped ensure people and the care they received was as individualised as it could be.

We found that communication systems in place were clear and this helped make sure that the management team worked well together. All staff told us that the registered manager was available when they needed them. One care staff said, "I have their mobile number and can call them at any time, day or night. They are always there for me if I need them." One of the service's commissioners told us, "They [name of provider] co-operates with other services and shares relevant information when needed when they [any person using the service] needs changed. People benefited from a service which saw what their true potential was.

Staff were provided with opportunities to highlight what worked well and what support they needed. This included day to day support as well as formal supervisions, staff meetings and appraisals. Staff were also able to comment on any areas they felt would benefit people. As part of the complaints procedure relatives' views and observations were considered to help provide direct feedback to the registered manager. One care staff told us that if a person's care arrangements and support needed changing then measures were put in place for this." For example, making sure that people were supported by staff who knew them and got on with them. Information and records of meetings were passed to all staff by e-mail or memo. This included any management information such as that for examples of good practice. This included subjects monitored by the registered manager and care co-ordinator such as any alerts for medical devices or medicines were passed to staff. Management staff then confirmed if the alert was applicable to their service provision.

The care co-ordinator told us that they had recently updated the quality assurance survey form and this had gained a better response from people about the satisfaction of their care. One person had provided a favourable comment about the staff that supported them.

The operations' director visited the service every six weeks. The registered manager told us that they felt "exceedingly well supported". This was from their line manager who had

Good

Is the service well-led?

experience of supporting services to achieve their potential. The registered manager said, "I have time to reflect on their advice and support as well as opportunities to discuss what my plans are."

Other support was available to the registered manager and included sharing best practice with the provider's other registered managers. For example, where staff had a lead role as skills champion for equality and diversity or gathering information from nationally recognised organisations. These included the Social Care Institute for Excellence and the British Institute of Learning Disabilities. This was to help ensure that younger people were supported with their needs to the standards based on best practice guidance.

Senior care, and management, staff undertook regular quality assurance monitoring and spot checks. This helped ensure that the expected standards of care were maintained and improved upon if this was required. This was for subjects including medicines administration, accuracy of care records and staff's work performance. Actions taken to improve people's care had been effective. For example, making sure people received the full amount of care time which had been commissioned to meet their needs.