Independence and Well Being Enfield Limited

Outreach

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was a comprehensive inspection that took place on 6 November 2018. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection since the service was registered in March 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, with a learning disability or autistic spectrum disorder, mental health condition, physical disability, sensory impairment, older people, people who misuse drugs and alcohol, and younger adults.

Not everyone using Outreach receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, 26 people were receiving personal care support.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe with staff and they were trustworthy. Staff knew how to safeguard people against harm and abuse, and how to escalate concerns of abuse and neglect.

People told us they were generally satisfied with staff timekeeping and punctuality and found them to be reliable. The provider monitored care visits to ensure staff arrived on time and stayed throughout the duration of the care visit.

People's medicines were managed safely and were satisfied with the support. Staff followed safe infection control procedures to prevent the spread of infection.

There was enough staffing to meet people's needs safely. The provider followed appropriate recruitment practices to ensure suitable staff were supporting people at risk.

Staff were provided with sufficient training and regular supervision to do their jobs effectively.

The provider had systems in place to learn and share lessons from when things went wrong to minimise its reoccurrence.

People's needs were assessed before they started using the service. They told us their individual including

dietary needs were met. People were supported to access healthcare services.

Staff received regular training and supervision to provide effective care. The provider delivered care in line with the Mental Capacity Act 2005 principles.

People told us staff were caring and treated them with dignity and respect. People's cultural and spiritual needs were met and recorded in their care plans. People were supported to remain as independent as possible.

The provider ensured continuity of care and people told us the continuity of care enabled them to form positive relationships with staff.

People's care plans were individualised and regularly reviewed. Staff knew people's likes and dislikes and how to meet their personalised needs.

People and their relatives were encouraged to raise concerns and were generally satisfied with how their complaints were resolved.

The provider had end of life policy and systems in place to support people to have a dignified and pain-free death.

People and relatives spoke positively about the management. Staff told us they felt supported and enjoyed working with the provider. The provider had effective monitoring and auditing checks and systems to ensure the safety and quality of the service.

People, relatives and staff's feedback was sought to continuously improve the service.

The management worked with several organisations to improve the lives of people.

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.

People told us they felt safe with staff. Risks to people were assessed and mitigated. Staff knew how to safeguard people against harm and abuse.

People's medicines were managed safely.

There were sufficient and suitable staff to meet people's needs safely. Staff followed safe infection control procedures to prevent the spread of infection.

The provider had systems in place to learn and share lessons when things went wrong so as to minimise recurrence.

Is the service effective?

Good

The service was effective.

People told us their needs were met by staff who were aware of their needs and abilities. People's needs were assessed before they started using their service and they told us their dietary needs were met.

Staff received regular training and supervision to their job effectively.

People where requested were supported to access healthcare services.

People were supported in line with the Mental Capacity Act principles.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring, kind and friendly. They further said staff listened to their views and opinions and felt involved in their care.

People were generally supported by the same staff team and they told us staff treated them with dignity and respect. People cultural and spiritual needs were recorded and met by staff.

Staff supported people to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People told us staff knew their likes and dislikes and received personalised care. Staff were knowledgeable about people's wishes and preferences.

People's care plans were detailed and regularly reviewed. Where requested, people were supported with their social care needs and these were recorded in their care plans.

Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People and their relatives were encouraged to raise concerns and were generally satisfied with the way their complaints were resolved.

The provider had end of life policy and systems in place to support people to have a dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

People, their relatives and healthcare professionals told us the service was well managed. Staff told us they felt supported and enjoyed working for the service.

The provider had effective monitoring and auditing checks in place to ensure the quality and safety of the service. The management worked with several organisations to improve the service.

Outreach

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 6 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure there was somebody at the location to facilitate our inspection.

The inspection was carried out by two inspectors who visited the provider's office and an expert-by experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This inspection was informed by the feedback from the funding local authority, commissioning teams and healthcare professionals.

During the inspection visit, we spoke to the registered manager, one team leader, two care coordinators and three care staff. We reviewed four people's care plans and risk assessments, five staff files including recruitment and training, and records related to the management of the service.

Following the inspection, we spoke to two people who used the service and eight relatives. We reviewed documents provided to us after the inspection including care plans and risk assessments, missed and late visits call logs, personnel information, satisfaction survey results, audits, and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff. One person said, "Yes, absolutely safe." Relatives' comments included, "I think [person who used the serivce] is safe when she is out with them staff", "[Staff] do provide safe care and keep her safe."

Staff demonstrated a good understanding of identifying, reporting and recording concerns of abuse, poor care and neglect. They knew how to escalate their concerns to external agencies including the local authority, safeguarding team, the police and the Care Quality Commission. A staff member commented, "Safeguarding vulnerable people from harm and abuse. If I notice any [signs] I would report it back to my [registered] manager and team leader. I would record the concerns." The provider had raised one safeguarding concern in relation to potential financial abuse. At the time of this inspection, the safeguarding case was being investigated by the local safeguarding authority. Records confirmed this.

The provider had systems and processes in place to ensure people were safeguarded against avoidable harm. Risks to people were identified, assessed and mitigated. People's risk assessments were individualised and regularly reviewed. Risk assessments were for areas including personal care, moving and handling, falls, nutrition and hydration, diet management, using public transport, absconding, fire and environment. For example, one person who required support with moving and transfers due to reduced mobility, their care plan had rightly identified them at high risk of falls. Their care plan had a detailed step by step personal care and transfer risk management plan that instructed staff with pictures on how to provide safe moving and handling support. The risk management plan gave staff guidelines on how to support the person from bed to standing up, walking to living room and sitting down, and using the toilet and shower to ensure the person's safety whilst still respecting their freedom.

Risks to people's specific health conditions were also assessed and mitigated to ensure their safety. There were risk assessments for areas such as diabetes, epilepsy, behaviour that challenged staff and swallowing difficulty. Staff knew risks to people and how to support them safely. A staff member said, "I always make sure [person who used the service] walks inside and I walk outside to ensure if she had a seizure she does not fall on the road and seriously injure herself." A healthcare professional told us, "The team [management] ensures that all packages are risk assessed and all staff training are regularly updated including medication training."

People and their relatives told us they were satisfied with staff punctuality and found them to be reliable. A person said, "They [staff] do arrive on time and if they are going to be late, they call to say they are stuck in traffic." Relatives' comments included, "If they [staff] are going to be a bit late [staff member] will ring up to say caught up in traffic, but I have never had a problem with time", "[Staff member] is very prompt as far as time is concerned" and "They [staff] are reliable and they come on time." The service had sufficient staff to meet people's needs. Staff rotas showed and the registered manager confirmed that staff emergencies and absences were filled by agency staff. The registered manager told us they had contractual agreements with several agencies to ensure people's care needs were met during staff absences. The provider was in the process of recruiting more bank staff so that they did not have to rely on agency staff.

Staff rotas showed people received care visits as per their preferred and agreed time. The provider used an electronic call monitoring system to plan staff rotas and to monitor staff timekeeping. The provider had appointed two new care coordinators and some of their main responsibilities were to plan and monitor care visits, and check that all staff had logged in and out correctly using the electronic system. The registered manager kept a log of late and missed care visits, and used the data to identify any patterns and trends. They investigated reasons behind the lateness and missed visits, and implemented actions to minimise these. Records showed the management spoke to staff and agencies whose staff were late or missed care visits and outcomes of those discussions.

People were supported by staff that were suitably recruited. Staff files had all appropriate recruitment information including application forms, interview notes, references, right to work in this country and criminal record checks. This showed the provider followed safe recruitment practices to ensure people who were vulnerable as a result of their circumstances were supported by staff who were safe, of good character and with the right skills and knowledge.

People told us they were satisfied with medicines support. One person said, "[Staff] do the medications and give it on time." A relative commented, "The one [staff member] that comes in the morning makes sure [person who used the service] has her medication and breakfast and the one that comes in the evening gives evening medication." People were supported with their individual medicines management needs by staff who were appropriately trained and their competency assessed. Records confirmed this. People's needs in relation to medicines were clearly recorded in their care plans and the associated risks were identified, assessed and gave instructions to staff on how to safely manage people's medicines. Records confirmed this.

The provider had recently reviewed their medicines policy and had updated medicines administration records (MAR) so that they were in line with the National Institute for Health and Care Excellence guidelines. People's MAR charts were appropriately completed and staff recorded reasons when the medicines were refused or administered by the relatives. MAR charts were audited monthly by the team leaders and any errors and gaps were investigated and actions taken to prevent them from occurring again. Records confirmed this. People that were prescribed with 'as required' medicines had procedures in place so that staff could identify when they were in need of 'as required' medicines and could give the appropriate treatment. A relative said, "[Person who used the service] gets painful knees and they encourage her to apply topical pain relief." Records confirmed this. Staff demonstrated a good understanding of proper and safe medicines management.

People told us staff used gloves and aprons when supporting them. Staff were trained in infection control practices and were aware of the provider's infection control policy. Staff told us they were provided with sufficient personal protection equipment including gloves and aprons.

The provider had systems in place to learn lessons from incidents when things went wrong to minimise future reoccurrence. Incidents forms showed that staff recorded date, time, and nature of incidents, actions taken and the outcomes. The registered manager kept a log of incidents and reviewed them to identify trends, and recorded actions taken to learn lessons from them. Records confirmed this. The registered manager told us the lessons learnt were shared with staff via team meetings and supervisions. Staff we spoke to and team meeting minutes confirmed this. One staff member said, "We learn from our mistakes." Incidents records showed that the lessons learnt were not always documented. The registered manager told us moving forward they would record lessons learnt within the incident form for easy access and better audit trail.

Good

Is the service effective?

Our findings

People told us staff met their needs. One person said, "They [staff] look after us well, if they see I am not looking very well, they will let Outreach know. If I have a fall, they will call the ambulance, it happened just after I was discharged from hospital, they were very good." A relative told us, "[Person who used the service] can be quite difficult at times but they are very good, and I am happy with the care she gets." Another relative commented, "Well yes, her health and medical needs are met."

People's individual needs and abilities were assessed before people started using the service. Currently, the service received referrals from within the local authority including care management service and integrated learning disabilities team. The management told us they were in the process of setting up a referral system so that they people could be referred from the community services. They further said every fortnight the team went through the referrals and arranged assessment visits. Their expected response period to referrals was within 14 days of the receipt of the referral. However, they carried out urgent assessments when there was a crisis. Records confirmed this. The management carried out an internal enablement audit to identify if they had trained and skilled staff to meet people's specific health needs and where they did not they would not take on those referrals. Records confirmed this.

Following receiving the referral, the team leaders would arrange a needs assessment meeting where they would meet with the person, and where necessary their relatives and other professionals involved in the person's care to establish the person's needs, abilities, medical, physical and mental health conditions, accommodation situation, and the support they required. This information was then used to identify staffing needs, and whether the person required one or two staff members to support them. The information that was gathered at the assessment stage was also used to develop people's care and support plans. Records confirmed this.

Staff told us they were provided with regular and relevant training that enabled them to meet people's individual needs effectively. Their comments included, "The management always asks if want to undertake training", "I believe training here is best can get and is easy to book" and "Training is good. We have online training as well. Medicines changes so it is good to be keep up with it. The [registered] manager encourages us to attend the training. The last one was on food hygiene." A healthcare professional told us, "The service regularly hold agency staff meetings to ensure all staff are familiar with policies and procedures."

Staff were provided training in person and the training records showed staff received induction training in all the fundamental areas as required for their role. The fundamental training was in areas including safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards, best interest, safe eating and drinking, dignity in care, equality and diversity, first aid, food hygiene, infection control, manual handling and medication. Staff were also provided training and workshops in relation to people's specific health conditions such as diabetes, epilepsy and buccal, and falls prevention. Some online training included health and safety, fire and risk assessments. The management provided staff annual refresher training in fundamental areas.

Staff supervision records showed they were provided with regular supervision and told us they found them helpful. A staff member said, "We have supervision once a month where we talk about service users we support, keeping up with administration work, training needs, what we need, how we get on with our jobs and if require any support. I find them quite helpful." Staff's performance was appraised annually where their objectives were reviewed and set for the following year. Records confirmed this. Staff told us they worked together as a team to ensure people received effective care. One staff member said, "I am very happy to be in this team. Everyone works well." Another staff member commented, "We help each other and work well together so that people can receive the best support."

People who required and requested support with their dietary needs told us their needs were met. One person said staff were good at meeting their needs. They told us, "Yes, especially when it to comes to our meals. They prepare food for us, they ask what we want, and they know what to do. We get enough food." People's care plan clearly stated their dietary needs, their food likes and dislikes and how they liked to be supported. For example, one person's care plan stated they liked to have breakfast in the morning and preferred a slice of toast with a strong cup of tea. At weekends, sometimes they preferred a fried breakfast of bacon or sausages. This showed staff were given sufficient information to support people with their individual dietary needs.

People were supported where requested to access healthcare services. People told us staff supported them to book GP appointments and attend healthcare visits with them. One person said, "I have a staff [member] who goes to appointments with me." Relatives told us the service worked well with healthcare professionals and assisted them with making referrals and following up on recommendations. Their comments included, "Occupational health has assessed [person who used the service], and they are discussing getting a special equipment in the bath room; stool in the bath that hoist her up. She does have problems getting in and out of the bath and that would be good" and "They [staff] take [person who used the service] to GP for blood tests and for her knee." People's care files had records of healthcare professionals' correspondence and actions taken following healthcare appointments.

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's care plans gave information on whether they had capacity to make decisions. Their care files had signed consent to care and treatment forms agreeing with the care and support plans. Their care files also had signed consent forms to share information and use of their pictures. Where people lacked capacity, their care plans instructed staff on how to encourage and assist them to make decisions, and details of their legal representatives.

People and their relatives told us staff asked for permission before they provided care and gave them choices. One person said, "They always ask us what we want. They give me a bed bath. They will always ask which flannel to use and I tell them red for the face, pink for body and green for the legs." A relative commented, "[Person who used the service] is given choices and they [staff] ask before supporting her."

Staff demonstrated a good understanding of the MCA principles and the importance of seeking people's consent before providing care. One staff member said, "Of course, ask service users before supporting them. You have to give them choices."

Good

Is the service caring?

Our findings

People told us staff were caring and friendly. One person said, "When [staff] come in, they always say good morning. They are very polite and efficient. They are very friendly and always call me by my preferred name." Relatives told us staff spoke to people who used the service with kindness and shared a positive relationship. Their comments included, "[Person who used the service] is able to speak to the staff and they have a good relationship", "Carers [staff] are very good. They are kind" and "The carer [staff member] that comes is very caring and she is good with [person who used the service]. [Staff member] that comes talks about lots of things with her. She is really approachable and friendly."

People were generally supported by the same staff team, staff rotas and people we spoke with confirmed this. One person said, "They have been coming for the past three years. Before I got to know them, I was uneasy because I like to know the staff properly. If I have different staff, I am a bit anxious." A relative said they had been using the service for six months and the same staff member supported the person who used the service. Another relative commented, "My [person who used the service] has been with the service for five to six years and the Monday carer [staff member] has been coming for three years."

Staff told us they mainly supported the same people and this enabled them to form trusting and positive relationships. A staff member said, "I have been supporting four to five people for over few years now." The registered manager told us continuity of care was important and care coordinators took that into consideration when planning staff rotas.

People told us staff listened to their views and opinions and felt involved in their care. "Yes, they do listen to us, they do what we like them to do, like when they talked to staff that left the door open." People and their relatives told us they were involved in developing their care and support plans. One person said, "Yes, we both were involved in the care planning process." A relative commented, "So far what they have done has been good. [Person who used the service] does not have a complete care plan, because they are still talking about what they can do for her. But they [the management] are also talking about a care plan for me, so I can get some support as well."

People and relatives told us their cultural and spiritual needs were met. One relative said, "Both the carers [staff] that come understand [person who used the service] cultural needs as prepare her food and they heat it for her. Yes, I believe they are very sensitive to her needs." People's cultural and spiritual needs were recorded in their care plans so that staff knew how to support them to meet those needs. One person's care plan stated the person visited the place of worship every Sunday. People were asked whether they preferred male or female staff to support them with their needs and their preferences were recorded in their care plans. People told us their gender preference of care wishes were met.

People told us staff treated them with dignity and respect. One person said, "They treat us with respect. Yes, they will close the bedroom door when they are giving me a wash." Relatives told us staff provided care in a dignified way. One relative said, "Carers [staff] always make sure [person who used the service] is covered after her shower and appropriately dressed. She likes to go out in shorts and top, but they [staff] encourage

her to wear warmer clothes and decently covered."

Staff were trained in dignity in care and spoke about people in a caring way. One staff member said, "Feels so good walking out the door when have made a difference."

Staff gave examples of how they provided person-centred care. Their comments included, "Always make sure have eye contact with the service user. It is about their needs at all times. Care is all about the little things being done."

People were encouraged to remain as independent as possible and this was recorded as one of their care outcomes in their care plans. "They do encourage me to walk from the bedroom to the living room. I can't hold things because my hands are weak." People's care plans instructed staff on how to support people to remain independent. For example, a person whose independence was very important to them their care plan stated, "I would like the staff to continue to encourage me to do things that I am able to do by myself. These encouragements will give me confidence and reassurance. I would like the staff to be patient with me. It's a challenge for me but with your support I will be able to overcome my fear and learn new skills. Also, being able to gain more confidence and move independently around my house." The person's care plan informed staff that thy could use the wash basin independently to wash their face and brush their teeth and instructed staff to encourage the person to continue to do that daily.

Good

Is the service responsive?

Our findings

People and relatives told us staff knew their likes and dislikes and received personalised care. One person said, "They know us well and understand our needs." Relatives comments included, "They know [person who used the service] well. The staff are very experienced and know about autism. They know her routine and they fully understand her", "The carers [staff] have a very professional manner" and "They [staff] know [person who used the service] very well and know her behaviour." Relatives told us the service was responsive and were prompt in keeping them informed of any concerns. A relative said, "The carers [staff] would normally call us if they have any concerns about [person who used the service] and we will call GP or whoever needs to be contacted." Healthcare professionals told us the service was responsive. One healthcare professional said, "Outreach team responds quickly to emergencies for a positive outcome. A good example was [service name] flooding and fire."

The team leaders developed people's care and support plans using the information from the needs assessment process. The care and support plans were then reviewed and signed off by the registered manager. People's care and support plans were comprehensive and regularly reviewed. They provided staff with details on people's background history, likes and dislikes, medical, personal care, dietary needs and abilities, social and cultural needs, and their care outcomes. For example, one person's care and support plan stated staff to encourage the person to maintain their independence, to assist and advice in making sensible food choices to maintain a healthy balanced diet, to assist to take medicines to help remain healthy and well, and to assist with all medical appointments. Their care and support plan detailed their care visit days, timings, their preferred routines, and how they would like to be supported. The support plan instructed staff to assist the person with their personal care needs, foot care, to assist and support with preparing breakfast and cooking evening meals, medicines management, support with correspondence and medical letters, shopping and attending community venues.

Staff told us care plans were useful and enabled them to understand people's individual support needs, likes and dislikes. They could access people's care and support plans in the office and in people's homes in their care files. This showed staff were provided with sufficient information to deliver personalised care.

People and their relatives told us the care plans were reviewed in a timely manner so that their changed needs were considered. One person said, "Yes, I have a care plan, but I think it needs renewing again. They will go through it with me and if anything is out of date, they change it." One relative commented, "Yes, they review [person who used the service] care plan. I was involved in the review." People's care plans were reviewed and updated yearly, and as and when people's needs changed. The action points from the review were then included in people's care plans. Records confirmed this. A healthcare professional told us, "The [service] completes all clients [people who use the service] care plans and update them as required following any changes in clients' needs." This meant staff were kept informed on people's care needs and support plans in a timely manner.

People where requested were supported to meet their social care needs such as accessing community venues and participating in activities. One relative said, "[Staff member] comes twice a week. She takes my

[person who used the service] down to the adult day centre, it is good to take her out." Another relative told us, "On Saturdays they [staff] take [person who used the service] out for about three hours to give me a break. They take her up the park, to see horses in [local community], they make sure they do something interesting otherwise she will say she wants to go home, or just want to sit down somewhere." People's social care needs and how they liked to be supported was recorded in their care and support plans. Staff we spoke with demonstrated a good understanding of how they supported people with their social care needs.

Staff were trained in equality and diversity and demonstrated a good understanding of the importance of treating people equally. They told us they treat people as individuals and support them to meet their personalised needs. A staff member said, "We treat service users as we would like to be treated. It does not matter what their sexuality is. Our job is to meet their needs." The provider welcomed people and staff from diverse backgrounds including lesbian, gay, bisexual and transgender people. The management told us they were in the process of reviewing people's assessment form to include sexuality to encourage people to disclose their sexuality if they wished to.

People and relatives were encouraged to raise concerns and told us they knew how to make a complaint. A person said, "If we are not happy about something I do complain. Once a carer from another company [agency] came, she was shouting at me. I reported her, and she did not come back. Another one left the floor wet, when I went to the toilet I slipped, and Outreach dealt with them promptly." Relatives comments included, "I have never had to make any complaints about the service, it's very good" and "Yes, If I need to talk about anything, they do make time for me. I definitely would get a response back on it, but I have never had to do that." Another relative commented, "If something was not right, I have the number for Outreach and the council and can get in touch anytime."

The provider had a complaints policy which was in date and systems in place to report, record and investigate complaints. Complaints records showed people's complaints were reported promptly, investigated and addressed in a timely manner.

The provider had processes and systems in place to support people to have a dignified and pain-free death. We reviewed the provider's end of life policy that stated how people would be assessed and supported with their end of life and palliative care needs. The provider's end of life care plan template included questions in relation to people's wishes about where they wanted to spend their last days, religious and spiritual needs, and funeral arrangements. However, currently no one was being supported with end of life and palliative care needs.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the management of the service. One person said, "Yes, I know two managers and I can speak to them when I want, I find them very good. I find they are very good very helpful and kind." A relative said, "I have spoken to the [registered] manager a few times and she seems nice and polite on the phone. I am very happy with what they do for [person who used the service] and I don't know what I would do without them." Another relative commented, "When the agency changed over, we had different people to cover, but when we spoke to the [registered] manager they listened. The [registered] manager is very approachable, and I can call and speak to them about anything. For example, holiday cover, or for carers to hand over. We are happy with the way that's done, and we usually know in good time."

Relatives told us they would recommend the service to others. Their comments included, "I would definitely recommend this service they are very supportive" and "I would certainly recommend the particular people [staff] who come to us they do a very good job." Healthcare professionals told us the service was well managed. A healthcare professional said the service was well led. They further said, "The Outreach service responded well to the needs of the service user at the time, they followed the care plan as agreed and also maintained a safe environment throughout." This showed the service was well managed by the registered manager who shared positive relationships with all stakeholders.

Staff told us they felt supported and enjoyed working with the provider. They said this was one of the best service they had worked for. Their comments included, "I am proud to worker here. Outreach is a good organisation to work for as have known clients, good rota, good communication, introduction to new clients, no pressure to work extra hours", "[I] always feel listened to by my management. Never feel pressurised into doing overtime. Management is approachable" and "Help is always there. Team leaders are supportive. If there is any issue it is dealt with straight away. Don't feel that would get this level of support from management in another organisation" and "Whatever I ask there is always a quality response on time. [Registered manager] is responsive and [I am] happy to work here. I rate this Outreach as 10/10 as never had support at work like this before."

Staff meetings were held monthly and staff told us they were useful and were able to share their views on matters related to people's care. Team meeting minutes showed they were well attended and discussions took place around their well-being, medicines, training, appraisals, supervisions, staff rotas, updates on the service, updates on service users, and incidents and lessons learnt. This showed the registered manager operated an open, inclusive work environment where staff felt supported and empowered that enabled them to deliver good care outcomes to people.

The provider had effective monitoring and auditing checks and systems in place to ensure people's safety and the quality of care. There were records of internal audits and checks of people's care plans, risk assessments, medicines, incidents, safeguarding, complaints, and staff files including recruitment, training and supervision. Records showed the registered manager identified gaps and issues, and maintained an ongoing improvement action plan to address the identified issues.

The provider sought feedback from people, their relatives and healthcare professionals to improve the service. A relative said, "Both me and my sister have completed feedback questionnaires I think it could be twice a year." Healthcare professionals told us the management sought feedback from people and their relatives and used to improve the service. One healthcare professional commented, "The team regularly monitors and request feedback from service users and family members to inform their practice."

This year's satisfaction survey was carried out in May and June by an external agency to ensure the process was fully objective. The results were analysed and report was developed that showed that all stakeholders were generally happy with the service. The report stated, "Three in four people reported their experience of using the Outreach service as good or very good and said that they would recommend the service to friends and family. 85% of service users and family members or carers we engaged with said that they feel staff listen to them and they are treated with dignity and respect. 95% indicated they know who to contact if there are issues with care provision. However, a quarter of respondents highlighted areas where the service can be improved. Service users and their family members or carers told us about their experiences of care workers arriving late or cancelling last minute, making it hard for family members to make alternative arrangements."

The registered manager had created an action plan on the back of the survey results that identified areas of improvement. The main action points were to improve the punctuality and reliability of staff, to improve the consistency and the quality of care and to work together with service users and their relatives to co-design different ways that they can give feedback or ask questions. The service's action plan showed the actions they had taken and the progress they had made to achieve the action points.

The provider carried out quarterly spot checks to identify whether people were happy with their care and received it as per the agreed care plan. A spot check is where an office staff member visits a person's home with their prior consent but without care staff's knowledge. These spot checks were carried out to ensure staff arrived on time and to check whether they provided care as per the agreed care plan, followed safe infection control procedures and engaged with people. Records confirmed spot checks were carried out regularly and any concerns addressed in a timely manner.

The provider worked with various organisations including local authority teams including transition, enablement, safeguarding, care management, integrated learning disabilities and local organisations such as the neighbourhood police, hospital discharge team, day centres and healthcare professionals to improve people's lives and experiences. Records confirmed this.