Outreach Support Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 22 January 2018 and was announced. This was the first inspection of this service since it was registered in April 2016.

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 older adults and younger adults with learning disabilities. At the time of our inspection five people were using the service and only three of those received support with personal care.

The service had a registered manager in place. 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.

During this inspection we found two breaches of regulations. This was because the service had not carried out assessments of people's needs before the provision of care and care plans did not contain information about how to support people with personal care needs. We have also made a recommendation about the way staff receive induction training at the service. You can see what action we have asked the provider to take at the end of the full version of this report. Overall we have rated the service as Requires Improvement. This is the first time the service has been rated Requires Improvement.

Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Medicines were managed safely. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Lessons were learnt when accidents or incidents occurred to help improve the service.

Staff received training and supervision to support them in their role. Where the service supported people with meal preparation they were able to choose what they ate and drank. People were supported to access relevant health care professionals and the service worked with other agencies to support people. People were able to make choices for themselves where they had the capacity to do so and the service operated in line the Mental Capacity Act 2005.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs (with the exception of personal care needs). Where appropriate, people were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. The service had various quality assurance and monitoring systems in place, which included seeking the views of people on the running of the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Systems were in place to reduce the risk of the spread of infection.

Where accidents and incidents occurred these were reviewed so lessons could be learnt to help prevent further such incidents.

Is the service effective?

Requires Improvement

The service was not always effective. Assessments of people's needs had not been carried out prior to the provision of care.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to choose what they ate and drank.

People were supported to access relevant health care professionals as required and the service worked with other agencies to promote people's health and wellbeing.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's

dignity, privacy and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans did not include information about meeting people's support needs in relation to personal care.

People were supported to engage in activities where this was part of the care package.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

Outreach Support Services Limited

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 22 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and any notifications of significant events they had sent us. We used information the provider sent us in the 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

We spoke with one person that used the service and one relative. We spoke with four staff; this included the registered manager, a team leader and two care assistants. We looked at the care records of three people including care plans and risk assessments. We reviewed the training records for all staff and looked at the recruitment and supervision records of three staff. We looked at medicine records of two people and minutes of team meetings and checked various policies and procedures. We reviewed quality assurance and monitoring systems at the service.

Good

Is the service safe?

Our findings

People gave the impression they felt safe. A relative told us, "[Person] always seems to be happy, they do not seem to be frightened, they are comfortable with the carers."

The service had systems in place to help protect people from the risk of abuse. There was a safeguarding adult's policy which made clear the service' responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). The policy also covered whistle blowing and made clear staff had the right to whistle blow to outside agencies if appropriate. Staff had undertaken training about safeguarding and had a good understanding of their responsibilities for reporting any allegations of abuse, one member of staff said, "We take immediate steps to notify the manager. They have responsibility to notify social services. Depending on the abuse we may have to call the police."

The registered manager was also aware of their responsibility with regard to safeguarding, telling us, "I will phone social services because they lead in safeguarding. My role is to raise concerns in the appropriate quarters, and if necessary tell the police. I would also inform the CQC." The registered manager told us there had not been any allegations of abuse since the service was registered.

Staff did not spend money on behalf of people. In addition, the service had a policy which made clear staff could not accept gifts from people or be involved in drawing up wills for people. This helped to protect people from the risk of financial abuse.

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. Risk assessments covered risks associated with medicines, moving and handling, health, diabetes, malnutrition and people going missing. Staff had a good understanding of the risks individuals faced and how to support them safely.

Where people exhibited behaviours that challenged the service risk assessments and guidance was in place to support people with this. The registered manager told us staff did not use physical restraint when working with people. Staff told us how they supported people when they became anxious. One member of staff said, "No, [they didn't use physical restraint], we engage with [person]. When [person] is unsettled try to find out what is upsetting them, we take time to let [person] express themselves."

People told us staff were punctual. Staff told us they had enough time to get from one person to another to attend their appointments. The service had an electronic monitoring system so it was possible to check when staff arrived for and left an appointment. This was done via an app on staff's phones. The registered manager explained the information was relayed to their computer and their phone so they were able to monitor on a daily basis that staff had arrived for appointments.

The service had robust staff recruitment practices in place. Staff told us checks were carried out on them before they commenced working at the service. One staff member said, "Every necessary check was done. My DBS, my documents were all authenticated." DBS stands for Disclosure and Baring Service and is a check

to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records confirmed that pre-employment checks were carried out including criminal records checks, employment references and proof of identification.

The service had a medicines policy in place which covered the obtaining storing, administration and disposal of medicines. Staff told us and records confirmed that they undertook training about medicines management before they were able to support people in this area. Where the service administered medicines to people medicine administration record charts were in place. These included the name, strength, dose and time of the medicine to be given. Staff signed the chart after each medicine was given so there was a clear record of its administration. Charts we looked at were accurate and up to date. Medicine audits were carried out which involved the registered manager checking medicine records each month once the administration charts had been completed to make sure they had been completed properly and medicines administered as appropriate.

Staff were aware of the importance of infection control and took steps to prevent the spread of infection and had undertaken training about this issue. This included regular hand washing and the wearing of protective clothing such as gloves when providing support with personal care. One staff member said, "First off, we have to wash our hands, then put on our gloves and aprons. Then, after we take the gloves off, we wash our hands again."

The service had taken steps to learn and improve when things did not always go to plan. For example, one person went into the community without the support of staff which was deemed a risk. Steps were taken to help prevent the re-occurrence of this. The person's door was fitted with improved security with the involvement of their next of kin and local authority which alerted staff if the person wanted to go out and staff all received training and support about supporting the person in a safe way. The person's relative told us, "Previously they used to run off and put themselves in danger, but now he doesn't abscond."

During the course of our inspection we identified concerns with care plans and assessments for people. The registered manager told us they understood the point we were making and gave an undertaking to improve in these areas. They told us they had already identified that pre care assessments needed to be done and explained that they would produce detailed personalised care plans where we had fund deficiencies.

Requires Improvement

Is the service effective?

Our findings

People told us the service was effective in meeting their needs. A relative said, "[Person's] behaviour has calmed right down, so all in all they have done as good job looking after them."

The registered manager told us that of the four people using the service at the time of inspection they had only carried out an assessment of their needs before the provision of care for one person. They told us they passed this assessment on to the commissioning local authority and had not kept a copy for themselves. They said they had not undertaken an assessment of need for the other three people. They told us they realised pre care assessments should be undertaken and said they had started doing this, saying, "I agree documentation is important. It is not something we need to improve on as we are already doing it." They added, "We realised we were not doing assessments, we picked it up and we are now doing them." We saw they had recently carried out an assessment for one person who was due to start using the service very soon but was still in hospital at the time of our inspection. The assessment covered the person's needs and what support they required from the service. However, the assessment did not cover issues relating to equality and diversity. We discussed this with the registered manager who told us they would amend the assessment process so it covered this area.

As assessments had not been carried out for people using the service at the time of inspection this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered person said of the assessment process, "When I do the assessment I try to speak to the individual. If the person is in hospital I speak to their staff. I will speak to the family member." The registered manager told us there had been occasions when they had not taken on a referral because they were unable to meet the person's needs, for example if they had a forensic history or required support with nursing care.

Staff were supported to develop skills and knowledge to support them in their roles through training and supervision. New staff undertook an induction which included classroom based training and shadowing experienced staff members. This gave them the opportunity to learn how to support individuals. A staff member told us, "They showed me what to do [working with individuals] when I first started."

The registered manager told us they did not use the Care Certificate as part of their staff induction process. The Care Certificate is a programme designed specifically for staff that are new to working in the care sector and we recommend the service use it to help train new staff. This would mean that new staff got a good grounding of the essentials of working in a care setting.

Staff told us and records confirmed that they had regular access to training. This included training about first aid, food hygiene, safeguarding adults and medicines management. Training also included topics that were relevant to individual people that staff supported. For example, the service supported people with learning disabilities, with diabetes and living with dementia and staff had undertaken training in these areas. In addition, care staff were supported to do NVQ's in health and social care.

Staff told us they had regular one to one supervision with either the registered manager or team leader. One staff member said of their supervision, "[Registered manager] tells me if there are any new developments in the policies or the care plan. Maybe if they have had a meeting with [person's relatives] they will tell me about that." Another staff member said, "You talk about the job and how you can improve on it." Records showed supervision included discussions about training, people who used the service and personal matters that may impact on people's job.

People told us where they were supported with food preparation and they were able to make choices about what they ate. The service supported people to eat healthily. A healthy menu had been drawn up for one person with the involvement of the person's family because of health issues the person had related to diet. A relative said, "In terms of their diet they have brought [person's] weight down and managed that side of their health." Staff were aware of these issues and told us the person was mostly happy with the menu but on occasions requested something different and this was provided. One staff member told us sometimes the person said, "No, I want this, and you give them their choice." Records showed the service carried out health checks with the person including monitoring their weight and blood glucose levels.

The service worked with other agencies to support people including local authority learning disability teams. People were supported to make appointments and access health care professionals to promote their health and wellbeing including GP's, dentists and opticians. Staff were aware of what action to take if a person was unwell, telling us they would contact the person's GP and relatives. Contact details of these people were included within care plans. Staff told us if a person had a serious accident they would call for an ambulance and wait with the person until the ambulance arrived. A staff member said, "The first thing I have to do is call the ambulance, then I call the management and the family."

The service had a Hospital Passport in place for one person who they provided 24 hour support to. This contained information that would be helpful to hospital staff in the event the person was admitted to hospital, including details of their medical history, medicines they have been prescribed and how they communicated. The information was personalised around the needs of the individual. For example, it stated, "Blood and injections can be given normally but I sometimes pull out the IV drips."

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.

The registered manager told us the service did not carry out mental capacity assessments themselves. Where people lacked capacity, assessments were done by local authorities. Staff told us how they supported people to make choices. For example, staff who worked with a person living with dementia described how they supported the person to choose what they wore. One staff member said, "I will ask if they like it [item of clothing] and if they do they will nod."

Where people lacked capacity to make decisions, family members were involved. A staff member said of preparing breakfast for a person, "The [relatives] prepare it most times, but if they don't you show [person] porridge or corn flakes and they will point." Another member of staff said, "The [relative] sets it out for us [clothes to be worn]."

Good

Is the service caring?

Our findings

People told us they were treated with respect and in a caring manner. One person said, "Yes, they are very kind. My carer has been fine."

A relative told us, "I know they look after [person]. I feel they genuinely do care." The same relative also told us staff promoted the person's independence. They said, "With their personal hygiene they get them to do as much as possible. In [person's] flat they get them to help with things, like getting their clothes together and not just leaving a mess."

The registered manager told us, "Our core principle is that they are not just service users, they are human beings. When you go into their home you are a visitor, greet the person, mention their name, show you care about the person." A person told us, "They [staff] talk to me."

The registered manager told us they sought to match staff with people they thought would work well together. They said, "I will look at the person and look at the staff and try to match the skills of the staff to the person." For example, one person was a young adult who enjoyed music, You Tube and other electronic sources of entertainment and they were supported by staff who shared those interests. For another person the registered manager told us, "[Person] has dementia, so [staff member] is very experienced with working with elderly ladies with dementia so they work together."

People were also able to choose the gender of their care staff. The registered manager said they arranged for the same staff to provide support to individuals to promote continuity of care. They told us each person had a pool of staff that worked with them. This meant if one of the regular staff was unavailable they were usually able to provide a different staff member who had worked with the person before. This helped to provide continuity of care and enabled people to develop and build relations with staff as they felt comfortable with and that they could trust. The registered manager added that they personally worked with people on occasions if no other staff were available. This had the added benefit of enabling the registered manager to understand at first hand the issues people faced and gave people the opportunity of spending time with the registered manager.

Staff had a good understanding of how to support people in a caring and respectful way and how to promote people's privacy. One member of staff said, "That is a core point for us [privacy and dignity]. In [person's] bath it is just one staff support and always a male." They added, "[Person] wears cloths and takes them off when they get to the bathroom [to promote dignity]." Another staff member said, "If we are taking [person] to the bathroom we don't take them naked." They added, "I have to knock on the door and say 'can I come in?" A third member of staff said, "You close the door and the curtains. When you are going in you need to knock. You need to cover them with a towel so you can't see anything."

The service sought to promote people's independence. Staff told us they supported people to manage as much of their care themselves as they could. The registered manager said, "We encourage them to do as much for themselves as they can." One staff member said, "As a way to help [person] develop we will say to

them 'can you dry your hair?' We teach [person] these things." Another member of staff said, "[Person] can do things for themselves, they can dry themselves. [Another person] can brush their own teeth." A third staff member said, "[Person] will try to put on their jacket but they can't do the zip so you explain that you are helping them and show them how to do it." A staff member told us how they supported people to develop daily living skills, saying, "Sometimes when you are cooking [person] likes to help so you support them to do what they can."

Confidential records were stored securely at the service's office in locked cabinets and in password protected computers. The registered manager told us only the two most senior staff had access to computer records. The staff handbook made clear staff had a responsibility not to share confidential information about people with unauthorised person's which helped to protect people's privacy.

The service sought to meet people's needs in relation to equality and diversity. Staff told us people liked to traditional food from their own culture and they said they knew how to cook those dishes. The registered manager said, "The person we are about to take on, they are [specified religious denomination], so they want [specified type of food related to the person's religion], staff know they have to take off their shoes." The registered manager told us all of the current people using the service spoke English as a first language which enabled staff to communicate with them effectively. We saw daily records for one person with learning disabilities had an easy read section which helped the person to understand them.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the support provided by the service. A relative said, "I rate it as very good. [Person] is very settled." People told us they were involved with making decisions about care. A relative said, "I am happy with the service they provide. We do interact a lot. [Registered manager] involves us in all the decisions that are made."

Care plans were in place for people. However, these were very basic and lacked personalised information about how to support individuals. For example, the registered manager and care staff told us they provided a lot of personal care for a person which included supporting them in the bath and getting dressed, yet personal care was not covered in their care plan. The daily records for the person confirmed that they routinely had support from staff with personal care including washing, dressing and brushing their teeth. The care plan for another person stated, "We will assist you to have a bath." That was the extent of the information relating to the person's support with personal care. However, the registered manager told us they also supported the person to change their incontinence pads and to get dressed. This was not covered in the care plan. The service only supported three people with personal care and for one of those this was limited to support with medicines. This was covered in the care plan.

The registered manager agreed that care plans were not sufficiently detailed and gave an undertaking to address this issue. The lack of person centred care plans setting out how to meet people's assessed needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some people's care packages included the provision of activities. We saw this was documented in care plans. For example, the care plan for one person said, "[Person] to be encouraged in outdoor activities that are of interest to them. This includes swimming, trampoline and bicycle riding at the local park." Daily records confirmed these activities took place. We spoke with their relative who told us they were happy with the activities provided, saying, "Yes, they know that [person] likes to be active, they encourage them with that. They take [person] to the park and for a drive, they do take them out. They keep a daily log and we read that to see what they have done."

The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. People were provided with their own copy of the complaints procedure to help make it accessible to them. People told us they knew how to make a complaint, a relative said, "I would talk to [registered manager] if anything was wrong." The registered manager told us there had not been any formal complaints received since the service was registered.

The service kept a record of compliments it received. For example, a relative had written, "[Person] is now engaging and a happy young [person]. [Staff member] is doing a great job."

The registered manager told us the service did not provide end of life care to any of the current people using the service. They said this would be provided if required in conjunction with other agencies and staff would

be provided with training in this area.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. Staff spoke positively about the registered manager and about the culture of the organisation. One staff member said, "They are fantastic [registered manager]. I see them as a mentor because of their style of leadership. They engage staff, we sit down and discuss, they relate to us very well. They are the kind of person who is interested in the development of their staff." The same staff member added, "It's a very open culture, everybody feels relaxed, feels at home working with the management." Another staff member said the registered manager was, "Capable, they are very thoughtful, competent. We have good teamwork." A third staff member said, "[Registered manager] is good, they understand problems, they are approachable." The registered manager said, "When staff are happy they work better, that is why we try to support them." The registered manager told us they had regular communication with people and staff, saying, "Myself and the relatives, we talk all the time. I speak to staff every day to give me feedback and I speak to the service users." A relative confirmed this, saying, "[Registered manager] and I speak on a regular basis. In terms of communication with [registered manager] I have no issues." A person said, "Yes, [registered manage] does talk to me."

The service operated a 24-hour on-call system which meant senior staff were always available to provide guidance if required. A member of staff told us, "The office number is always open, 24 hours." Another staff member said, "If there is an emergency I call the management, they are available 24-7."

The service held staff meetings which gave all staff the opportunity to contribute to the running of the service. A member of staff told us, "Regularly we have team meetings, every month. We are given the opportunity to express ourselves. The service users are discussed in every meeting. It is always very robust." Another member of staff said, "We are called regularly to have meetings. We talk about the do's and don'ts and how we can improve." Records of staff meetings showed they included discussions about issues relating to people, the sharing of good practice, safeguarding and communication.

The registered manager carried out spot checks of staff at people's homes. They said of these, "Staff don't know that I am coming. I do a minimum of twice a month and vary the time I go. I have done some in the night. I'm looking at their engagement of the service user. There are activities that are planned, are they doing those? Are they involving [person] in cooking?" Records of spot checks showed they covered staff punctuality, politeness and respect, personal appearance and staff's ability to carry out required tasks. Where issues were identified these were discussed with relevant staff, for example two staff were observed to be chatting amongst themselves and not attending properly to the person and this issue was addressed with them.

The registered manager told us they had carried out a survey of people who used the service and their relatives. They told us, "The feedback they gave was very brilliant. But unfortunately I can't find it. I know it's in the office somewhere." The registered manager told us in future they planned to send out surveys every six months, with the next one planned for February 2018. We looked at the survey forms to be used. These asked for people's views about the quality of staff, people's participation in the service, communication and any areas for improvement.

The registered manager told us they checked daily records to ensure support was provided appropriately. They said, "I pick through the daily records every day to pick out things. You can see from the staff meetings that I addressed poor report writing with the staff." Minutes of team meetings confirmed this was done.

The registered manager told us they worked with other agencies to develop best practice. They told us they were affiliated to a nationwide social care organisation that provided up to date information on the social care sector and developments with regard to best practice and records confirmed this. Similarly, they were registered with the Care Quality Commission [CQC]. The registered manger told us through this they received a monthly newsletter update. This included information about developments with regulations and examples of good and poor practice the CQC had found to help give guidance to care providers. The registered manager attended the 'Providers Forum' which was run by the local authority. They said, "I don't miss it, you meet with other providers, you discuss best practice, challenges. We discuss shared interests."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not always carried out an assessment of the person's needs and where care plans were in place these were not always comprehensive. This was because they did not include information about supporting service users with needs related to personal care. Regulation 9 (3) (a) (b)