Outreach (Sefton) Limited

Outreach Sefton Limited

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

Outreach Sefton Limited is a domiciliary care agency that operates in the Bradford and Southport area. The agency provides support for personal care, social care and domestic services to adults and children. The agency is owned by Outreach [Sefton] Ltd.

This was an announced inspection which took place over three days between 20 and 23 June 2016. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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.

Medicines were administered safely. Medication administration records [MARs] were completed in line with the services policies and good practice guidance.

People we spoke with said they felt safe with the staff from the agency and the support they received. We were told that if any issues arose they were addressed by the managers.

We saw that any risks to care provision had been assessed and there were fully developed plans in place to help ensure they were kept safe. Staff were arranged to support this depending on each person's needs. There were sufficient staff available to support people.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at three staff files and found that appropriate applications, references and security [police] checks had been carried out.

The staff we spoke with clearly described how they recognised abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report through any concerns they had. We reviewed a number of safeguarding investigations during the inspection and the agency had followed procedures and liaised well with safeguarding authorities. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This rigour helped ensure people were kept safe and their rights upheld.

Arrangements were in place for checking the care environments to ensure they were safe.

We saw that peoples consent to care was recorded. The service worked in accordance with the Mental Capacity Act 2005.

Feedback from people and their relatives told us that staff seemed well trained and competent. Communication between relatives, people being supported, staff and senior management was effective.

Staff were supported by on-going training, supervision, appraisal and staff meetings. Formal qualifications in care were offered to staff as part of their development.

Local health care professionals, such as the person's GP, were involved with people and staff from Outreach Sefton Limited liaised when needed to support people. This helped ensure people received good health care support.

Staff were able to explain each person's care needs and how they communicated these needs. People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the right care.

We saw that staff respected people's right to privacy and to be treated with dignity.
All family members and people spoken with felt confident to express concerns and complaints. Issues were dealt with and the service was responsive to any concerns raised.

All of the managers we spoke with were able to talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service.

People using the service, relatives and staff told us they felt the culture of the organisation was fair and open.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes. There was a clear management hierarchy and we saw that new ideas and service improvements were effectively developed and communicated.
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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.

Medicines were administered safely. Medication administration records [MARs] were completed in line with the services policies and good practice guidance.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure they are safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff employed to help ensure people were cared for flexibly and in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

The service worked in accordance with the Mental Capacity Act 2005. Care planning contained enough detail regarding people's decisions around key issues.

Systems were in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

People's care documents showed details about people's medical conditions and also appointments with health care professionals such as, GPs and district nurse teams to help support people in their own home.

Staff said they were supported through induction, supervision, appraisal and the service's training programme.

Is the service caring?

Good

The service was caring.

The feedback we received evidenced a caring service. People being supported and their relatives commented positively on how the staff approached care.

Staff treated people with respect and dignity. They had a good understanding of people's needs and preferences.

People we spoke with and relatives told us the manager's and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Is the service responsive?

Good

The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Good

The service was well led.

The registered manager provided an effective lead in the service and was supported by a clinical manager and other service managers in a clear management structure.

We found an open and person-centred culture. This was evidenced throughout for all of the interviews conducted through to care and records reviewed.

There were systems in place to gather feedback from people so that the service was developed with respect to their needs.

Outreach Sefton 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 checked 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 was an announced inspection which took place over three days between 20 and 23 June 2016. The inspection was carried out by an adult social care inspector and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert contacted people and their relatives by phone to seek their views.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

We sent out 35 questionnaires to people using the service prior to our inspection and received feedback from 10 of these.

During the inspection we were able to see and interact with four of the people who received care from Outreach Sefton Limited. On 20 June we visited the central offices for the service. We also contacted and received feedback from another nine people who used the service and two relatives.

We spoke with five staff including care/support staff, two senior managers for the services and the registered manager. We looked at the care records for three of the people being supported, including medication records, three staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

Good

Is the service safe?

Our findings

We reviewed medication management by looking at the policies and procedures used by the agency as well as reviewing with people we visited. People we spoke with told us they were happy with the way they were supported with their medications. When care staff administered medicines we were told these were on time and staff were competent. One person said, 'Yes staff applied my cream this morning – they never forget and are very good.''

We were told that all medicines were administered by designated staff members who had received the required training. Competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager or a senior carer following initial training. This was also confirmed by the service manager and when we looked at staff records we saw an example of these assessments. One staff member told us, "''The training is thorough and we are observed and signed of as competent. I felt very confident when I started to administered medicines on my own.''

Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records we saw were completed on-going to show that people had received their medication. We looked at three medication charts that had some gaps in recording which had not been identified. We spoke with one person we visited at their home who told us they had had their medication that morning but the medication administration chart [MAR] had not been signed when we checked.

We discussed this with the clinical manager who showed us the audits [checks] made on a regular basis to ensure standards around medication administration were being maintained. The audit tool seen was very brief however and we discussed the need to develop this so that recording issues could be better monitored.

Some people were on medicines to be given when needed [PRN]. These medicines had a support plan in place [PRN care plan] which told us when the medicines should be given and in what circumstances. This helped ensure consistent administration of these medicines. Each person had an overall 'medication care plan' which was detailed and informed care staff of any individual preference or risk factor. The plans we saw showed that people had been consulted and were signed by the person concerned or a representative.

The agencies medication policy was seen and covered all areas of medication administration. The policy was also included in the staff handbook for easy reference.

Those people we visited felt safe with the support they received. One person said the felt very relaxed in the company of the care staff and they ''Knew what they were doing.'' Another person said, ''You can have a laugh with them; on the whole you can't fault them.'' The people visited told us they would raise any issues or concerns they had with the manager. One person we spoke with said, "''I was unhappy with a staff member a while back and it was sorted out.'' When answering our survey question, 'I feel safe from abuse

and or harm from my care and support workers'- a 100% agreed.

People requiring support at home had any risks identified and recorded with an active plan of intervention and support if needed. The care records we saw identified risks had been assessed. For example the home environment for any obvious trip hazards or obstructions as well as parking and access issues. If people needed support with their mobility a 'moving and handling' assessment had been recorded and these were very detailed and easy to follow. People had been consulted with the assessments. The assessments help ensure people were kept safe.

We asked about staffing. Staff input was agreed depending on assessment and funding and people's individual care needs. People had differing opinions regarding the reliability of staff to attend calls on time. Most people we spoke with were positive and said that staff were reliable. This was seen as the most reassuring element in terms of feeling secure with the care provided. People said there were enough staff employed by the service. One person said, ''I have the same staff, they are the same ones.'' Another person said ''They come on time more or less and I know who is coming.''

Three [out of 13] of the people we spoke with were more negative. One said, ''They seem a bit variable with the times but I suppose the cant help it.'' The negative comments were all from people receiving support from the Bradford end of the service. The registered manager reported that there had been a reduction in people's satisfaction with staff punctuality which had been picked up on the last 'service user's feedback survey'. Also there had been an incident were only one care staff had visited and person instead of the designated two care staff. This had investigated through safeguarding and had occurred a year ago.

Although only a small percentage, the feedback had been taken seriously by the agency and addressed. The registered manager had investigated this and people had been canvassed and particular issues arising regarding lack of punctuality had been addressed. One staff member told us, ""It's much improved. I'm very rarely late for a call. The rotas are better now.'' We saw the call rotas and these were very detailed regarding times and were under constant review.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at three staff files and found that appropriate applications, references and security [police] checks had been carried out. These checks had been made so that staff employed were 'fit' to work with people who might be vulnerable. We spoke with staff who told us they felt the agency had been thorough in their recruitment.

All of the staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. The agencies policies were up to date, clear and inclusive taking into account local authority safeguarding protocols.

During the inspection we advised the manager that a concern had been received regarding alleged abuse. This was reported through appropriately and the manager liaised with the Local Authority safeguarding team to progress any investigation. We [the Care Quality Commission] were kept up to date with the investigation and notified accordingly. Similar, with regard to another recent allegation we saw the manager had been thorough in the investigation and had followed the agencies safeguarding policy.

In these examples the agency worked well with the Local Authority and police if needed. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action

had been taken. This rigour helped ensure people were kept safe and their rights upheld. We saw that local contact numbers for safeguarding were available in the agency office.

Accidents and incidents were recorded and monitored by the service. The incident rate was very low and we saw that each accident or incident had been followed through individually and analysed so that any lessons could be learnt.

Good

Is the service effective?

Our findings

The people we spoke with on the inspection all had the capacity to make their own decisions regarding their care and treatment. We saw care files where people had signed to say they consented to specific care such as medication management. People told us that when there care needs were being assessed the staff took their time to ensure the final care package or care plan had been agreed and consented to.

We looked to see if the home was working within the legal framework of the Mental Capacity Act 2005 [MCA]. 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.

We discussed the care of a person who was living with dementia. There were issues around the person's ability to make some decisions. The service manager was able to discuss these and displayed a clear understanding of the principals involved. We saw the person care records and an assessment had been undertaken to assess the person's mental capacity to understand the content of the plan and agree to it.

We discussed the assessment used. This was not specific in terms of recording all of the components of the test [2nd stage of the standard test] although we could see most of this had been covered in various parts of the assessment. The service manager agreed to update the assessment to ensure this was clearer in following good practice.

We saw that staff had received training on the principals of the MCA and this was included as part of new staff induction.

The service manager understood that the legal process involving decisions to do with people's mental capacity were managed through the Court of Protection. There were no current examples of this in use with people receiving care. In the past two people had relatives who had Lasting Power of Attorney to manage their relative's affairs in their best interest. The manager discussed these and was able to evidence a sound knowledge.

We received positive feedback from people being supported by Outreach Sefton Limited. They said the quality of the service was good and commented that staff were very competent. Comments included; "They are all well trained", "They seem well trained", "They seem to know what to do" and "They are very well trained, I used to be a carer myself, so I know."

Communication between, people being supported, staff and senior management were seen as effective. All of the people we spoke including relatives felt they were kept up to date with any changes or developments. They felt staff had the skills and approach needed to ensure people were receiving the right care.

We looked at the training and support in place for staff. The PIR told us; 'Staff are kept up to date with the most current information and best practice with weekly information sheets, training, team meetings or supervisions. Staff are encouraged to work towards diploma qualifications in Health and Social Care'. We had positive feedback from staff who said the training provided and support offered by the service was good. The training manager gave us an overview of the training for staff. 25 out of the 48 (58%) of care staff employed had a standard qualification such as NVQ [National Vocational Qualification] or Diploma under the QCF (Qualifications and Credit Framework). This was confirmed by records we saw.

New staff received an induction training package. Staff benefited from two / three days classroom training followed by a period of 'shadowing' an experience member of staff for one – two weeks depending on need. New staff would be observed and signed off for competencies around medication administration, communication, personal care delivery and moving and handling.

The training manager discussed the new Care Certificate. They showed us their 'train the trainers' course certificates to deliver this for all new staff. The 'train the trainers certificates also included the ability to train staff in moving and handing and medication administration. The agency would be introducing the care certificate as the standard induction package. The service benefited from a training room.

Staff told us there were support systems in place such as supervision sessions and staff meetings. We were told; ''We are supported really well. Managers are very accessible if we need any support.'' There was also a three monthly newsletter.

We saw, from the care records that local health care professionals, such as the person's GP were liaised with when necessary. The people we spoke with managed their own health care appointments but we were told by one person, "The district Nurse comes regularly to change my catheter. The care staff from the agency help to change and empty the bag and they are very good.''

Some of the people receiving care by the agency needed support with their meals. This ranged from preparing a meal to assisting with shopping. One person told us "They make my breakfast in the morning, lunchtime they make scrabbled egg or sandwich – whatever I want really."

Good

Is the service caring?

Our findings

Prior to the inspection we were aware of a complaint by a person using the service regarding the attitude of staff who attend to their care. We canvassed as many people as we could during the inspection regarding staff approach and attitude to care. We received positive feedback from both areas of the service regarding the caring nature of the staff. Comments we received included: "The (staff) are very polite, very much so, they are very nice to me", "They ask me what I want", "They are nice enough, some are better than others if you know what I mean", "They are fine, the girls are very nice", "They are okay, they just get on and do things", "They are pretty good the carers", "Lots of different ones have come but they have all been nice", "They are very pleasant and very polite", "It's excellent, the carers are lovely, I don't have regulars but they are all nice. Sometimes they take me to the supermarket and push me round the in my wheelchair, that's very nice" and "The (staff), let me tell you, are lovely. They take great care of me. They have been such a great help to me since I came out of hospital."

Care files referenced individual ways that people communicated and made their needs known. We also saw examples were people had been included in the care planning, so they could see and play an active role in their progress. One piece of feedback evidenced how staff were responsive and caring as a person's condition deteriorated; "The team were extremely attentive and helpful to my mother as she became increasingly frail and anxious. They were always professional and made my mother feel she was their main concern. All the carers gave excellent service."

The staff we spoke with had a good knowledge of people's needs and were able to explain in detail each person's preferences and daily routine, likes and dislikes. These were also recorded in care files we reviewed. This theme was supported by the observations, interviews and records we saw on the inspection.

We saw that staff respected people's privacy and were careful to maintain their dignity. One person told us how discreet a carer had been whilst attending to their personal care and this had been appreciated. Staff had been keen to provided support in a way that reassured the person concerned and maintained their dignity.

There was a 100% positive reply to our survey question; 'my care and support workers are caring and kind'

Good

Is the service responsive?

Our findings

When we spoke with people on the inspection and made observations we found the care to be organised as much as possible to meet people's needs as individuals. Central to this was reinforced by the statement in the PIR for the service; 'Regular reviews with service users and families can identify if goals have been achieved and new goals set. Regular care staff are allocated to each service user to ensure consistency of care and promote a good working relationship'. We checked this out with people we spoke with who agreed that the care had been set up with their involvement and it was reviewed periodically. One person said, ""I helped with my care plan, the senior comes out from the office to check sometimes." Another person said, "They've been out recently to do some assessments".

We looked at four examples of care files for people. Care records contained individual life histories and events as well as recording the way any personal care should be delivered. We found that care plans and records were individualised to people's preferences and reflected their identified needs. There was evidence that plans had been discussed with people and also their relatives if needed. We could see from the care records that staff reviewed each person's care.

We also saw that peoples care was reviewed by social care professionals if they were funded by social services. A social worker at a recent review for one person had written, '[person] is happy with the care team'. All of the key objectives for care had been met. The care records we looked at clearly identified the key areas of care and how these would be supported.

We saw the personal care element of the care plans were well defined so it was clear for staff how this was to be carried out. For example we saw a very detailed assessment and care plan covering one person's care and it listed also the aspect of support given by the relative so this could be identified for care staff.

We received feedback which evidenced a personalised approached to care. One relative commented; "They go above and beyond the call of duty all the time doing extra tasks like cleaning and shopping sometimes in their own time."

We asked people and their relatives if they were listened to if they had any issues or concerns. People we spoke with and relatives said they knew how to complain but had no wish to do so. The complaints procedure was accessible in the information supplied.

The service kept a log of all complaints received and how these were responded to. Since our last inspection in April 2014 there had been seven complaints listed. There was a clear audit of how these had been responded to following any necessary investigation. Some had been referred to the local safeguarding team for investigation.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager was supported by a clinical manager who was responsible for most of the day today running of the service. There was a care manager for the Bradford service who was also responsible for training development. There were three other office based managers. We could see a clear line of accountability and management structure. The PIR stated; 'These managers hold Health and Social Care qualifications and liaise with other professionals and agencies to ensure a safe and effective service'.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of internal quality assurance processes.

We saw that survey forms were used to collect feedback from people using the service and relatives. From this the registered manager had been able to set various action plans to further develop the service. Similarly the service carried out a staff survey to get staff views and feedback about their work. We saw the results of a survey dated March 2016. Most staff [71%] felt happy to work for the company. There was also a high rating for training provided.

The importance of this is that it helps evidence the culture of the organisation which we found to be open and positive. Staff interviews helped to confirm this. One staff said, "It's very good here – we look after each other and support each other." Another commented "If there was an issue it would be sorted out."

There were regular meetings of senior care staff with the clinical managers. Care plans were discussed and reviewed and any burning issues reviewed. Senior managers also had regular meetings to discuss the performance of the agency. We saw action points form a recent meeting which focused on staff recruitment.

There was a lack of external quality reviews although we did see a report from Bradford council who had completed a contract monitoring review of the Bradford service in March 2015. The review evidence overall satisfaction with the service with two minor recommendations [since carried out].

The registered manager and clinical manager had a clear understanding of the quality process. For example we discussed some of the complaints and recent safeguarding issues and how these had been managed. There was a clear pathway from receiving and assessing the issues to attending feedback from any professional input - to internal management meetings - to discussion at staff meetings and feedback if there were any lessons to be learnt. This showed clear communication and a willingness to learn from incidents.

Outreach Sefton Limited was in the process of going through an assessment (tendering process) with Bradford council to contract with them. We discussed some innovations which were being planned. Included in this was a new system to monitor care staff calls to people and length of the call. This was part of the tendering process but also addressed issues highlighted from people's feedback.

The service had sent us notification of incidents and events which were required under current legislation.

This helped us to be updated and monitored key elements of the service.