

City of Wolverhampton Council

Community Outreach Service

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 announced inspection took place on 10 and 11 November 2016. At our last inspection on 19 February 2014 the provider was compliant in all the regulations we looked at. Community Outreach Service provides personal care to people who may have a learning disability in their own homes. At the time of our inspection they were providing care to 9 people in their own home.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe. Staff had received training and were knowledgeable about how to keep people safe and were knowledgeable about how to report any concerns about people's safety or if they suspected any abuse. Staff knew how to manage people's assessed risks. People were supported by sufficient staff to meet their needs. The provider had a safe recruitment system in place which ensured people were supported by appropriate staff. People received their medicines on time.

People were supported by staff who had received the appropriate training to meet their needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) and how it affected people's care. When people required support to meet their nutritional needs staff provided the support they required. People were supported to access outside health professionals when their health needs changed.

People told us staff were nice and kind. People were involved in agreeing how their care needs were met and their choices were respected by staff. People were supported to maintain their independence. People told us staff respected their privacy and dignity.

Staff gave people choices about their care and respected their preferences when care was delivered. People were advised how to complain and when they did they were listened to and action taken to resolve their complaint.

People were happy with the care they received. Staff were happy working in the service and felt supported by the registered manager. Systems were in place to monitor the care people received. The registered manager was developing new ways for people and staff to be involved in 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.

People received safe care from staff who understood signs of abuse and how to report it. Risks to people's health were managed by staff. There were sufficient numbers of staff to meet people's assessed needs. The provider had safe recruitment practices. People received their medicine when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training to meet their needs. Staff understood the principles of the Mental Capacity Act. People were supported as needed to access food and drink to meet their nutritional needs. People were supported to access healthcare professionals when their health needs changed.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and considerate staff. People were encouraged to make choices about their care. People were encouraged to maintain their independence. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care and were supported by staff who respected their personal choices and preferences. There was a system in place to ensure when people were not happy with the service action was taken.

Is the service well-led?

Good ●

The service was well led.

People were happy with the service. Staff were supported in their role. There was a system in place to monitor the quality of care people received.

Community Outreach Service

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 10 and 11 November and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector. We reviewed the information we held about the provider and the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with four people who used the service and to gain their views of the service provided. We also spoke with two relatives of people who use the service. We spoke with three staff and the registered manager. During our inspection we looked at three staff records and looked at three people's care records. We also looked at some records relating to how staff review people's medicines to ensure they have received them on time. We also looked at audits completed to ensure the quality of care received is being reviewed.



Our findings

People told us they felt safe when receiving care. One person said, "I feel safe. If anything goes wrong I can press my care link button". Other people expressed they felt safe by using positive gestures when asked the question. A relative told us they thought their loved one was safe because the carers regularly checked on them.

Staff knew how to keep people safe. They told us they had received training which meant they could recognise and report potential abuse. One member of staff said, "Safeguarding is protecting the tenant". Staff told us they would report any potential abuse to their manager and they were aware of the system in place to report it should the manager not be present. The registered manager was aware of their obligations in reporting any potential abuse to the local authority that are the lead organisation for investigating any potential abuse. We saw when necessary the registered manager had alerted the local authority and lessons were learnt to ensure the same issue didn't reoccur. We saw the provider had a system in place to monitor any trends when they had raised alerts. This meant people were cared for by staff who knew how to protect them from any potential harm and keep them safe.

Staff explained to us how they managed risks to people's safety. One member of staff said, "We have to look for signs of a person's blood sugars being low, such as, if they don't look right. We have to check their blood sugars and give them a sugary drink if they are low". Another example was given about not leaving a person alone in the bath because of the risk of an epileptic seizure. We looked to see if people's risks had been assessed by staff. We saw risk assessments were in place with clear guidance for staff and people to understand. This meant people's risks were managed by staff to keep them safe.

We saw there was a system in place to monitor when people had any form of accident or incident. Although there had only been a small number the registered manager was aware of their responsibility in recording and monitoring any accidents to help prevent any reoccurrences in the future.

People were supported by sufficient numbers of staff to meet their needs. One person said, "There is always enough staff". Staff told us they thought there were enough staff. One member of staff said, "Yes we have enough staff. We work as a team". The registered manager told us staffing levels are calculated in line with the assessed hours people receive. Staff told us they had a regular staffing team which meant people got consistency of staff. They explained they covered shifts if one person was off and sometimes the managers helped out to ensure consistency for people who received care.

We saw the registered manager had a system in place which ensured staff were recruited safely. The registered manager told us recruitment checks were carried out prior to staff starting work and they were repeated every three years. These included Disclosure and Barring (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use services. We saw in staff records they were asked about any up to date reasons to suggest they were not suitable to work with vulnerable people. We looked at staff records which confirmed that a safe recruitment system was in place which ensured people were supported by suitable staff who had been recruited safely.

People got their medicine when they required it. A relative told us, "They are very rigorous, they make sure[name of person] has everything and it is always written down in their notes". Another relative told us, "[Person's name] always gets the medicine at 8pm". Staff told us they had received training in how to support people with their medicines and were confident in doing so. One member of staff told us, "I observe [name of person] to take their medicine to give them confidence so they can be able to self-medicate in the future". Staff explained the process they had when they gave people their medicine and what they had to do should a person decline their medicine. We looked at the system the provider had in place to ensure people got their medicine when they needed it. They explained to us people's medicine records were checked on a weekly basis and had recently introduced a new system because there had been some medicine errors. Since the new system had been introduced there had been no medicine errors. Records we looked at demonstrated that people got their medicine on time and when they needed it.



Our findings

People were supported by staff who had received appropriate training to meet their needs. People told us they were happy with the care they received from staff. A relative commented, "They know what they are doing". Staff told us they received good training which helped them to support people with good care. One member of staff said, "We have different forms of training, such as e learning, which I can access from home if I need to". One member of staff told us about some specific training they had received with regards to diabetes and this had helped them understand how to support a person who was diabetic safely, particularly with regards to portion control. One new member of staff told us they had received a "fantastic" induction which allowed them to get to know people before they worked alone. They told us they had shadowed other more experienced staff and had time to read care records and understand the systems in place. The registered manager told us and we saw in training records staff received up to date training which enabled them to deliver effective care which met people's needs.

People told us staff sought consent before carrying out any care. One person said, "Staff ask my permission". Staff understood the need to ask for consent before carrying out any personal care. One member of staff said, "I ask them what they want first". Another member of staff confirmed they knew if a person declined care they would not deliver any care against their wishes.

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 people who received care had capacity to make decisions about their care. Staff had received training in MCA and understood how it affected people's care when they did not have capacity to make decisions for themselves. One member of staff said, "We assume everyone has the capacity to make decisions and if they haven't we speak with other professionals and sometimes their family to ensure decisions are made in their best interest". This demonstrates people's rights were protected in line with the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff told us at the time of our inspection no one was being deprived of their liberty and this was confirmed by the registered manager.

Staff were able to explain how they supported people with their nutritional needs. People were supported to make their own choices about what food they ate. We saw staff prepared food for people and encouraged them to choose and to help in the preparation. The registered manager told us they supported one person with special dietary requirements. People who required support to meet their nutritional needs received it to

help them remain healthy.

Staff told us they supported some people to attend appointments with healthcare professionals. We saw in records we looked at people visited their doctor when their health needs changed. Staff told us and we saw a nurse visited on a daily basis to support one person and we saw the staff and the nurse worked together to ensure the person remained healthy. This meant people got support from healthcare professionals when their health needs changed.



Our findings

People told us they liked the staff and found them friendly. One person said, "They are alright. The staff are kind". Another person said, "The staff are nice". A relative told us, "It's a vocation for the staff, not a job. They are very caring people. They are wonderful with [name of person]". Another relative told us "The staff are kind". We saw staff had built positive and caring relationships with people. We saw staff laughing and joking with people in how they supported people throughout their day. Staff offered advice and support to people when they were asked.

People told us they were involved in making decisions about their care. One person said, "We have a support plan. They ask us questions about what we want to do". They also commented, "We have choices about where we go and what we eat". Staff knew people's choices and preferences with regards to how they chose to have their care delivered and also how they chose to spend their time. People were involved in making decisions about their care and their decisions were respected by staff.

People told us they were encouraged to maintain their independence. One person commented "I do my own washing". A relative told us, "They encourage [name of person] to be independent and give them choices". Staff were able to give us examples of how they encouraged people to remain independent. One member of staff said "We encourage people to prepare their own tea, make drinks and go out into the community". We saw staff encouraged people to do everyday tasks for themselves, such as preparing food and making themselves a drink.

Staff gave us examples of how they support people to maintain their dignity. One member of staff said, "We ensure they are dressed appropriately and always ensure the door is closed when delivering any personal care". We saw one person was having a new lock fitted to their door which meant it was easier for the person to come and go as they pleased without support from the staff. Records we looked at demonstrated people's independence was important. Tasks they were able to complete for themselves were listed in their support plan so staff understood clearly what tasks they needed support with. This meant people were supported by staff to maintain their independence and their privacy and dignity.



Our findings

People had their needs and preferences met. We saw one person speak with staff about going to church and staff gave them an assurance about when they would be going. Staff were knowledgeable about people's needs and preferences. One member of staff told us about how one person had a specific routine with their medicine and morning routine. Staff explained they needed to follow the routine to avoid any upset for the person. We saw people's individual routines and their own personal choices were understood and included in their care records. For example, how they wished to spend their time and their cultural needs and religious beliefs. This showed staff understood people's needs and preferences.

People told us they were involved and had regular reviews of their care. A relative said, "Yes we are involved, we have meetings and you can say what you want". The registered manager told us they had recently introduced a link worker system to help people and staff to work together and get to know people better. Staff told us they thought the system worked well because it allowed them to spend time with the person and give a more consistent approach to their care. Staff told us how they involved people in their care. One member of staff said, "We sit down and talk to with them about what they want and sometimes if people want to, we involve families". This demonstrated people and their families were involved in the planning of people's care.

We saw in people's support plans they were involved in their care and had made decisions about their preferred choices and goals they wanted to achieve. For example, remaining in regular contact with their family and what they needed to do to achieve this. We saw records were updated and reviewed regularly and reflected people's care. We saw some support plans included pictures of the person or their families and where appropriate pictures of what they liked to do to help remind them of particular events. For example, we saw when one person particularly liked a specific chocolate bar a picture had been included in their support plan to make it easier for the person to understand.

People told us they were encouraged to follow their own hobbies and interests. One person said, "I go to the disco on a Friday night". A relative said staff supported their loved one to attend a regular afternoon event which they enjoyed. Staff told us people chose how they wished to spend their time for example some people attended college on a regular basis. Staff provided support where necessary to enable people to follow their own hobbies and interests. Records we saw confirmed people chose how they preferred to spend their time.

People told us they were happy with the staff and where they lived. A relative told us they knew who to contact should they need to complain but had not had a reason to. We saw in people's care records they had reminders of what to do in pictorial form should they not be happy with anything. We saw the registered manager had a log of any complaints made and what action they had taken to address the concerns. The system allowed for any patterns in people's complaints to be looked at, however because the number of complaints received was low no patterns had yet emerged. This demonstrated that people could raise any concerns should they need to and they would be listened to and action taken where possible.



Our findings

People appeared happy with the staff. A relative told us, "Yes it's organised. They are on the ball". Staff told us they were well supported by the management team and felt comfortable in approaching the registered manager with any queries. One member of staff said, "I very much enjoy my job. If I ask for training I get it". Another commented, "I think it is well led". Staff told us they received regular supervisions and felt they were listened to. Records we saw confirmed this. Staff felt included in how the service was run as they had regular team meetings. We saw minutes of recent team meetings which confirmed what staff had told us. Staff told us they were encouraged to make suggestions as to how the service could improve. One member of staff gave us an example of how they had suggested a new form be added to help with the monitoring of medicines and this had since been introduced.

The provider involved people in the running of the service by sending out regular questionnaires to gain people's views on the service they received and how they thought it could be improved. We saw one questionnaire had been received and saw what changes the registered manager had made to make the person's experience of the service better. The registered manager told us, "I am constantly changing how I get information from people". We saw the registered manager was developing a new questionnaire, more in line with how individuals could understand it's content. This had not yet been introduced. The registered manager told us they were constantly looking for ways to adapt and improve the service to improve people's lives. This showed peoples views were sought and this was used to make improvements to the service.

The registered manager was aware of their responsibilities in alerting the local authority of any potential safeguarding concerns and they understood their responsibility to notify us of certain incidents or events. The registered manager had systems in place which ensured people got the care they needed at a time they wanted and sufficient staff were available to meet their needs. The registered manager told us this meant they could match staff to people's personality where possible. Staff were supported in their role and systems were in place to ensure people got the care they needed at the right time. We saw systems were in place which ensured staff got the training they required to meet people's needs.

The registered manager demonstrated they regularly audited people's care records to ensure they were up to date and this was confirmed by the records we saw. Regular audits of medicines ensured people got their medicine when required. We asked the registered manager how they were looking to continually improve the service. They told us they were looking at further training for staff. They told us "I am always looking for ways to develop the service so as people have a better life".

