

# The Percy Hedley Foundation

# Hedleys 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Hedley's Community Outreach Service (known locally as Able 2) is a domiciliary care agency which provides personal care and social support to people living in their own homes and whilst accessing day services. Services were provided to younger adults with a wide range of health and social care needs. At the time of our inspection there were nine people receiving a service.

The service is based within the 'Able 2' day centre which is also run by the Percy Hedley Foundation. Everyone who used this service accessed the day service too. However, not everyone using Hedley's Community Outreach Service received 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 consider any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. We found further developments and improvements in the responsive domain and have rated that area outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a new registered manager in post since our last inspection.

People received extremely person-centred care, designed to meet their needs and enable them to live full and active lives. People's needs were thoroughly assessed, planned and reviewed to ensure they received exceptional support which met their healthcare needs.

Staff encouraged and promoted activities which inspired people to participate in pastimes that were meaningful and important to them. People were empowered to get involved with social activities matched to their interests and goals. Staff ensured people were given the best support to pursue education and work experience. People had achieved very positive outcomes and fulfilled ambitions. Staff made sure people maintained links with their local community and supported opportunities for social interaction with family and friends outside of the day services they attended.

Without exception, people and relatives told us all staff were caring, kind and respectful. People said staff upheld their dignity and privacy. Support workers knew people extremely well.

The registered manager shared multiple examples of people who had achieved a positive outcome following successful support from staff.

Staff understood their responsibilities with regards to safeguarding people from harm. People told us they felt safe with support from staff and relatives confirmed this.

Staff supported people to maintain their health and safety in their own home. Fully completed risk

assessments of the known risks people faced were in place for staff to follow. Accidents and incidents were recorded and investigated to resolve issues and reduce the likelihood of a repeat occurrence.

Medicines were well managed and staff protected people from the risks of infection and cross contamination.

Staff recruitment was safe. We considered there were enough staff employed to safely and effectively meet people's needs. People told us their support workers were consistent and arrived as expected.

Staff were qualified and experienced. They received a company induction and had regular training updates. Staff attended regular supervision sessions as part of their personal development. Support workers told us they felt supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutrition and hydration needs were met. The service worked well with external health and social care professionals who were involved with people's care to ensure their ongoing welfare.

No-one we spoke with raised any complaints about the service. Our pre-inspection questionnaire corroborated this. No formal complaints had been received by the service. Minor issues had been logged, investigated and promptly resolved.

The registered manager ensured the service was properly monitored. Audits and analysis of all aspects of the service were in place. This provided information to the senior management team to help them identify and reduce any risks and continually improve quality. Action plans were drafted to ensure any issues identified were dealt with.

An annual survey was issued to people, relatives and staff to gather feedback. Customer and staff forums were set up and the registered manager held regular engagement drop in sessions.

Further information is in the detailed findings below.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Outstanding ☆

The service was very responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Hedleys 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.

The inspection site visit took place on 24 October 2018 and was announced. We gave the provider short notice of the inspection because we needed to be sure the office would be open to access records. One inspector visited the office location to see the management team; and to review care records, policies and procedures.

At the site visit, we spoke with the registered manager and the head of community and enterprise services. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at four people's care records, two staff files and quality assurance documentation.

On 25, 26 and 30 October 2018, the inspector conducted telephone interviews with three relatives of people who used the service. We emailed one person who used the service and two relatives at their request for their feedback. As the support staff worked remotely, we emailed 11 to obtain their views. We received two responses.

Prior to the inspection we reviewed all the information we held about Hedley's Community Outreach Service, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form

that the provider sends to CQC at least once annually with key information about the service, what improvements they have planned and what the service does well.

In addition, we contacted four local authority commissioning teams and the local adult safeguarding team to obtain their feedback about the service. One local authority responded to our request for feedback.

The inspection was partly informed by feedback from questionnaires completed by six people using services. Overall, we received positive feedback about the service and the staff.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

We asked people who used the service if they felt safe with support from the staff. They told us they did. Relatives and external professionals told us they had no concerns about the safety of this service. One relative said, "I know I can trust them."

People were protected as much as possible from harm and improper treatment. Safeguarding policies and procedures were in place for staff to follow. Staff had completed safeguarding training and were aware of their responsibility to recognise and report any concerns about people's safety or welfare.

The provider took a proactive approach to risk management and any risks identified had been promptly reduced. People's care needs had been thoroughly assessed and there were detailed risk assessments in place. Risks to the people's health and wellbeing along with generic risks around their home had been assessed and were reviewed regularly.

Accidents and incidents had been reported in detail, investigated and resolved. The provider had a business continuity plan in place to ensure the safe and smooth running of the service in the event of severe disruption which could be caused by fire, flood, staff shortages or IT failures. The plan had been tested this year during extreme bad weather. The service received a letter of thanks from the Mayor of North Tyneside expressing gratitude for their continued service of transporting people safely in heavy snow.

The management of medicines was safe and people told us they received their medicine on time and as expected. Medicine Administration Records (MARs) evidenced people received their medicines as prescribed. The management team audited the MARs to ensure people had received their medicine safely.

People told us that staff did all they could to protect them from the risks of infection and cross contamination. Support workers used personal protective equipment (PPE) such as disposable gloves and aprons to reduce the chance of spreading infections.

There were enough staff employed to ensure people's needs were safely met. People told us they had regular support workers who were reliable and punctual. One relative said, "We have regular staff, it's very organised. Some of them have worked with (person) for years."

Staff recruitment remained safe. Pre-employment vetting checks which included seeking references and obtaining an enhanced Disclosure and Barring Service (DBS) check for each employee were carried out. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to help them make safer recruitment decisions.

# Is the service effective?

## Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

People told us the service was effective. Relatives expressed their satisfaction of a service which they said met their family member's needs. One relative said, "I have seen it for myself, they are very good with (person). It's what keeps him going, without it he would just deteriorate."

People experienced positive outcomes having received good support from the service. The registered manager shared multiple examples with us. For example, one person was supported by staff to write to a magazine when they had spotted a factual error in a publication. The magazine editor responded and acknowledged their mistake and rewarded the person with a year's free subscription.

People told us staff had the skills and knowledge to provide the support they needed. Staff held qualifications in health and social care and were very experienced. Staff completed an induction and received regular training updates. Regular competency checks were carried out to ensure staff remained suitable for their role. Staff received specific training to support people with complex care procedures, such as percutaneous endoscopic gastrostomy (PEG). PEG is a medical procedure in which a tube is inserted into a person's stomach to provide nutrition or medicine when oral intake is difficult.

The management team supported staff in their role. Staff attended supervision and appraisal sessions as part of their continued professional development. A new review process had been implemented to embed the provider's new mission statement, values and vision into appraisals.

The support staff were very good at communicating with people who had communication difficulties. They used different methods and communication aids such as symbols, electronic tablets and mobile phones. One relative told us, "(Person) is non-verbal, the regular staff communicate very well." Relatives told us the management team communicated information or changes to them effectively. One relative said, "They tell me what is going on, if I need to know anything."

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 checked that staff worked within the principles of the MCA. Staff had completed training in the MCA, and demonstrated an understanding of their responsibilities. Staff worked well with the local authority's community mental health team to deliver a safe and effective service to people.

People had consented to the support they received. Where relatives held a Lasting Power of Attorney (LPA), the documentation had been seen by the management team to ensure that decisions were made appropriately. An LPA is a legal document that allows people to appoint others to help make decisions or



make decisions on their behalf.

People were supported with nutrition and hydration. Staff supported people in line with their likes and dislikes. People's nutritional and hydration needs were assessed and those at high risk of malnutrition or dehydration would be closely monitored. One relative said, "The staff are aware of (person's) speech and language therapy, they know her well and when to encourage fluids."

Staff worked closely with external health care teams such as, speech and language therapy, positive behavioural support and PEG nurses to ensure people's needs were continually met. Records were made of the communication between services and any progress or outcomes. A relative told us, "Staff have been able to take (person) to hospital appointments. That has been a massive help to me."

## Is the service caring?

### Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

Without exception, we were told support workers were caring and kind. One relative told us, "I'm really happy with them and I'm sure (person) would say the same."

Relatives told us their family members enjoyed a positive relationship with their support workers. One relative said, "I can't praise them enough." Another relative said, "(Person) didn't settle at a respite centre but they have settled there with no problems, so the staff must be doing something right."

People said support workers always maintained their privacy and dignity. They told us they were nearly always introduced to their support workers before they provided any support and that they were happy with the care they received. Relatives told us support workers spoke nicely to their family members, treated them with respect and respected their home. One relative told us, "They (staff) are very good with (person)."

The service was very flexible and accommodating of people's needs. Staff understood the importance of treating people as individuals and responded well to their individual wishes and preferences. Staff supported people to maintain their independence. They told us that where ability allowed, they encouraged people to do tasks for themselves. People said the support they received helped them to be as independent as they could be.

Staff had attended equality and diversity training. Care plans had been developed to reflect people's individuality and identity. This raised awareness amongst staff and encouraged them to promote people's individuality and ensure choices were respected.

People and relatives were involved in planning the care they received. During an initial assessment of needs information was gathered to allow support workers to get to know how people preferred their care to be delivered. People had contributed personal details about themselves such as their life history, likes, dislikes, interests and hobbies.

We reviewed the 'Service User Guide' and 'Statement of Purpose' which the provider produced and shared with people. These publications contained information about the company's values, what people could expect from the service and how it would be delivered. Records kept in people's homes contained their care plan with risk assessments, information on quality assurance and useful contacts.

Staff were aware of the importance of maintaining confidentiality and privacy. Sensitive information about people and staff was stored securely within a locked office to maintain confidentiality. The management team were aware of the legal requirement to keep information about people safe and secure under data protection laws and the new General Data Protection Regulations (GDPR) legislation.

## Is the service responsive?

### Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service had improved further and awarded a rating of outstanding.

The service was entirely person-centred. The staff involved each person, their relatives and external professionals in implementing care plans and they focussed on ensuring as much information as possible was gathered about personal history and background. There was a strong person-centred culture which had been embedded into assessments, care planning and reviews. Care records were separated into sections such as, health and wellbeing, my history, likes and dislikes, top tips to support me, where I like to go and what I like to do, activity planner and, my goals and outcomes. The documentation was completed thoroughly and to an excellent standard. 'Easy to read' information had been developed to help people fully understand their own plans.

Care was personal and delivered by staff who knew people really well. Each person had a small core team of support workers who ensured assessments and support plans were kept up to date. Periodic reviews were planned to check that people's current needs were being met. People, their relatives and external professionals all contributed to reviews. People told us they had been involved in decision-making about their care. Review meetings were held in people's homes or the day centre to ensure people were comfortable to express their views on decisions about their care.

The staff worked closely with external professionals to ensure they were aware of people's changing medical needs and how best to support people. Staff maintained positive and proactive relationships between services which helped them respond quickly to people's changing needs.

The person-centred theme was threaded throughout the entire service but was particularly evident in social activities and work experience opportunities. People were positively encouraged to take risks to enhance their quality of life. These risks were carefully assessed to ensure safety but the provider recognised that given the time and resources, people could be given excellent opportunities to pursue their ambitions and fulfil their dreams.

Staff did not view people's complex health or behavioural conditions as barriers to them achieving their goals or living full and active lives. For example, one person was supported to go swimming on a regular basis. Their relative told us, "The swimming works great, (person) loves it, it is really good therapy."

The provider strongly promoted social inclusion. This service benefitted from being based in a day centre. All people supported by this service accessed the day centre regularly. The activities available to people were extensive. Each person had an activities planner personalised to their own needs, wants and wishes, which enriched their lives. Due to people's health conditions, the staff were entirely flexible and people could make daily decisions about how they would like to spend their time. There was always enough staff to respond to people's requests. One relative told us, "They (person) go swimming, then for lunch and then onto an afternoon activity. They often meet up with others from the centre. (Person) likes that as they are her

friends."

Staff looked for creative and innovative ways to support people to achieve their goals. Staff arranged holidays and short breaks for people. We heard how staff considered the time of year, the type of accommodation and the equipment available to people whilst staying away from home. The registered manager told us one person had recently stayed in an adapted lodge on a holiday park which had been a huge success. Staff had enabled the person to make full use of the facilities at the holiday park's complex to ensure they got the most from the experience. Staff noted that the person liked to sit at a table near the edge of the dancefloor because when they felt able to, they could easily get up to dance.

Staff went above and beyond their role to make people's dreams come true. We were told about some brilliant opportunities people had been given. For example, one person was a keen gardener. The provider had facilitated the renovation of some greenhouses on the site of the day centre. This had allowed the person to grow their own vegetables in the summer and they had converted the greenhouse into a cottage style garden for the winter. The person was supported by staff to sell the vegetables they had grown at the on-site café.

Another person was keen to protect the environment and staff supported them to research the effects of plastic on marine life. The person turned this into a project and shared their findings with their friends and staff at the day centre. This led to a culture change at the day service which involved the provider preventing the use of plastic cups and making other positive environmental changes. The person also started a donation box for a local cat and dog shelter and encouraged their friends and staff at the day centre to support the charity. We were told it made the person extremely happy to take the items along to the shelter.

People were supported by staff to undertake voluntary employment. This had given them invaluable employment skills which included, taking orders, handling cash, recording and the banking process. Other people had volunteered in the day centre's café. This also gave them useful skills such as stock control and customer service.

No complaints had been made about this service. Minor issues were dealt with promptly. Everyone we spoke with had no complaints about the service. People knew how to complain. A relative told us, I know who to go to and they respond pretty quickly. There are hiccups which is to be expected but they are usually resolved swiftly." A complaints policy and procedure was in place and had been shared with people. The provider's website and social media pages encouraged people to leave feedback about the service.

This service supported younger adults (under 65) with physical and/or learning disabilities. There was no current need for a planned end of life care provision. However, the provider had the necessary arrangements in place to be able to offer this type of service (if or when it was required) as training was widely available and core staff teams were established and consistent. Due to people living with complex health conditions, care plans were in place to deal with emergency situations. People (or their relatives) had shared their preferences in relation to emergency treatment and hospital admissions. Where appropriate 'Do not attempt cardio pulmonary resuscitation' orders were in place.

## Is the service well-led?

### Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

We asked people and relatives if the service was well-led and they told us they thought it was. One relative said, "It's a good service."

There was a new registered manager in post. They had become registered with the Care Quality Commission in August 2018. The management team were knowledgeable about people and familiar with their needs. They were aware of their responsibilities to submit statutory notifications to us when required. The staffing structure consisted of the head of community and enterprise services, a registered manager and a team of support workers. The team were aware of their responsibilities and what they were accountable for. Policies and procedures were established to ensure staff were supported to meet the high standards which the provider strived to achieve.

The provider instilled a strong culture of governance. Audits and formal checks on the safety and quality of the service were carried out by the management team and provider. The provider's quality assurance framework included, audits and analysis of the service, staff supervisions, care plan reviews and obtaining feedback. Audits were comprehensive and detailed. They contained action plans which were produced to address any issues identified. The registered manager shared any lessons learned with staff. The management team met monthly to look at audits, staff issues, health and safety, recruitment and training. Other management meetings were held throughout the organisation to continually check and monitor quality and compliance. The provider commissioned an external 'Health and Social Care' audit to look for areas where improvements can be made. The head of community and enterprise services told us, "It helps us to be the best we can be."

Team meetings were held with core teams of support workers to discuss the service they provided. Operational information and messages from the provider were cascaded to staff through emailed memo's and newsletters.

The provider engaged with people and relatives regularly. An annual survey was in progress. The results from the last survey carried out in December 2017 were positive. Changes to the service were implemented following suggestions made through that survey. This included setting up a 'Family and Friends' forum and introducing a newsletter.

The provider offered a staff rewards scheme which included a range of discounts, incentives and rewards to recognise staff's contribution to the organisation.

The provider worked in partnership with others. For example, they hosted students on work experience from a local college. The provider also supported various national campaigns such as STOMP (stopping the over-medication of people). STOMP is a NHS England campaign to stop the over-use of medication to manage

people's (with a learning disability, autism or both) behaviour.

The provider held a set of values which they ensured were embedded through staff recruitment and development reviews. The values included, 'People are at the heart of everything we do' and, 'We continually seek to improve'. Our findings from this inspection corroborated those values.