Mrs T & Mr P Duchett

# Lenore Outreach

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

We inspected this service on 22 and 24 August 2017. The first day was unannounced which meant staff and the provider did not know we would be visiting. The second day of the inspection was announced.

The service was registered with the Care Quality Commission (CQC) on 1 September 2016 and had not previously been inspected.

Lenore Outreach is a service which offers care and support to people with physical, mental and learning disabilities. Support is provided to people in their own homes and within in the community. At the time of inspection the service was supporting three people, two of which were for 24 hour care.

There was a registered manager in place who had been registered with the Care Quality Commission since 2015. 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.

Care records identified risks to people arising from their health or the premises and surroundings. The risks provided detailed information on how to mitigate them in a way that promoted people's independence whilst keeping people safe.

There was enough staff employed to keep people safe. We saw that there were good systems in place for the safe recruitment of staff, and the care workers we spoke with were aware of their responsibilities in protecting people from harm, and knew how to report any concerns about people's safety or wellbeing.

Relatives of people who used the service told us staff responded to their relatives needs and provided care in the way they wanted it to be provided. Having a small and dedicated staff team meant that people who used the service had the same group of staff the majority of the time, which was important to them and made them feel safe.

People received care and support from staff who had the skills and training to meet their needs. We saw from training records that new starters received a thorough induction and on-going training was provided to ensure staff were able to carry out their duties. Staff received support through supervision and yearly appraisals.

People who used the service or their relatives had agreed to the delivery of their care, and signed to consent to this. They told us that staff always offered and respected their choices and would be attentive to their needs, such as dietary requirements or medical needs.

People's independence was promoted throughout the support provided. The support staff gave to people

centred on their daily living skills and enabled people to live a full and varied life.

The service had established good links with healthcare professionals and ensured that people who used the service maintained good access to healthcare.

Staff were kind and caring, and relatives of people who used the service told us they were treated with dignity and respect. From talking to staff it was obvious that care was person- centred and they recognised the individuality, culture and values of the people being supported. Staff knew how to provide personalised care and all this was documented in people's care plans.

Relatives of people told us they were happy with the care their family members received; but knew how to complain if they were not. We saw that there were systems in place to investigate any complaints or concerns raised about the service.

Surveys and regular spot checks were used to monitor the service and identify good practice and areas for development.

## 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 were supported to take their medicines safely.

Risk assessments were in place for all recognised risks.

Consistent staff teams ensured that people were supported by people with whom they were familiar.

Recruitment procedures ensured that staff were suitable to work with vulnerable people.

### Is the service effective?

Good

The service was effective.

People were offered choices and their consent was sought regarding their care and support.

The service had established good links with health care professionals.

People were supported by well trained and competent staff

### Is the service caring?

Good

The service was caring.

Care was person centred and recognised the individuality of the people who used the service.

Relatives of people said staff they were respectful and new their relative well.

Relatives of people told us that staff were kind and caring and they had developed positive caring relationships with the staff that supported their relative.

### Is the service responsive?

Good

The service was responsive.

People's care records contained information to guide staff on the care and support to be provided.

Regular spot checks allowed managers to act to improve the quality of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

## Is the service well-led?

Good

The service was well led.

The manager carried out regular audits to ensure the quality of the service provision.

The service had a manager who was registered with the Care Quality Commission (CQC).

Staff told us the management team were supportive.

Arrangements were in place to seek feedback from people who used the service and their relatives.

# Lenore Outreach

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of ou regulatory functions. This inspection was planned to check whether the provider was 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 took place on 22 and 24 August 2017 and the first day of inspection was unannounced. On the first day the inspection team consisted of one Adult Social Care Inspector, one Adult Social Care inspection manager and one expert by experience. An expert by experience is a person who has relevant experience of this type of care service. On the second day the team consisted of one adult social care inspector.

The provider had also completed and returned their Provider Information Return (PIR). This 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.

During this inspection we spoke with two relatives of people who used the service. We spoke to the provider, manager, team leader and two support staff. We were unable to speak with or visit the people who used the service due to the distress this would cause. We reviewed three people's care records, three staff records, the staff training records, weekly staff rotas and other records about the management of the service.

Good

# Is the service safe?

## Our findings

Relatives we spoke with felt their relatives were safe with the support they received from staff. One relative said, "[Relatives name] is safe most definitely." Another relative said, "[Relatives name] is safe, the staff understand [name] and respond to their needs." And "They are very safe."

We asked staff how they supported people to remain safe. One staff member said, "I reassure them [people who used the service], I am always there for them, I talk about keeping themselves safe and to be careful who they may speak to."

People's risks had been assessed and appropriately managed. Risk assessments were in place, which ensured people were supported by staff in a safe way whilst promoting their independence. The assessments detailed risks and the action staff needed to take to ensure people were given the opportunity to gain skills whilst remaining safe. For example; risk assessments were in place for one person who was at risk of self-neglect, the risk assessment provided staff with information on how to encourage the person to shave etc. One person was at risk of displaying unpredictable behaviours; the risk assessment documented warning signs and triggers to this behaviour and strategies for how staff needed to react. Staff we spoke with had a very good understanding of people's needs and how they needed to support people safely. This meant that people's risks were managed in a way that kept them safe.

We looked at the medicine administration records (MARs) for people who were supported with medicines. We found the MARs had been completed correctly to show medicines had been administered at the time they were prescribed. However, where the MARs were handwritten, there were not two signatures or quantities received  recorded. The manager rectified this immediately.

All staff had access to the Safeguarding Adults policy which provided guidance to the staff on their responsibilities to protect vulnerable adults from abuse and their whistleblowing [telling someone] policy. Staff told us that they were aware of these procedures and understood how to safeguard people from different types of harm. One staff member said "Safeguarding means not to let any harm come to people. I would speak to my manager or go further to CQC if nothing was getting done."

Recruitment procedures were in place to ensure suitable staff were employed. We looked at three staff records. These contained proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, a job description, and two references. Checks had been carried out with the Disclosure and Barring Service (DBS) before staff began work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This meant that checks had been completed to reduce the risk of unsuitable staff being employed.

We were told and we saw evidence that the same staff worked consistently with the people they supported. Staff explained how routine was very important for two of the people they supported. When there was a shift change staff made sure this was done in a calm and controlled manner. Relatives we spoke with said, "The

team of carers are brilliant." And another said, "Staff have been there a long time and have experience." Staff also said they have enough time to travel from each appointment and travel time is included.

Good

# Is the service effective?

## Our findings

Relatives told us that they felt staff had the necessary skills and training to support them. One relative said, "The company invest a lot in training, I know they [staff] are well trained."

We saw that the service set clear expectations for the staff and provided on-going training to ensure that staff had the skills to carry out their role. We looked at the training matrix, which maps out the training staff have completed, and helps to identify any training requirements and at staff training certificates. Care staff had completed courses in mandatory subjects such as food hygiene, infection control and safeguarding, along with training on equality and diversity, mental health and basic life support. New staff had enrolled on the care certificate and the manager was planning on all staff completing it. The Care Certificate is a nationally recognised qualification and provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support.

The service had a supervision policy which stated that care workers would be supervised at least four times a year and more often if performance was a problem. When we looked at supervision records we saw that this target had been achieved, and records showed that all care staff had received at least two formal supervision sessions in the previous six months, which put them on target. Staff we spoke with said, "Yes we get supervision about every eight to twelve weeks, we talk about us, the clients and things we could do or put in place." During the yearly appraisal the manager looked at the staff member's current performance, personal development and training needs. Each staff member had to complete an appraisal preparation form before the meeting to state what support they felt they needed and what was working well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff were aware of the MCA and sought consent to support people. We saw evidence of best interest meetings and decisions in people's care plans. For example, a best interest decision was made to have the door locked to keep people safe.

People were supported to have enough to eat and drink by staff, who understood what support they required, and care records included details about any likes and dislikes people had. Staff had all completed a food hygiene course.

People's records included contact details for health professionals who were involved in their care, including social worker's and GP's. One staff member explained how they had worked closely with the GP to always get the first appointment on the morning so the people who used the service did not have to wait in the waiting room. We saw people had hospital passports in place. The aim of the hospital passport is to assist

people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Good

# Is the service caring?

## Our findings

Relatives of people who used the service said they were happy with the care that was provided. One relative said, "I am certainly more than happy and [relative] is the happiest they have been in a long time, the staff are fantastic." Another relative said, "I am incredibly happy with the service, the staff are caring and passionate about what they do."

It was clear that relatives of people who used the service held the staff in high regard, and there was evidence that this was a two way process. A support worker told us, "We are very involved with the family; they have a wealth of information that supports us." Another support worker said, "I worked with both relatives, took their advice and direction."

Two people the service supported were provided with 24 hour support, one person received two calls per day. Support workers felt that they were given enough time to provide the right support and that they were not rushed to complete tasks. One support worker said, "We always have enough time to travel between calls, travel time is included."

One relative had provided feedback to the service that said, "The team at Lenore has been outstanding in the level of care they have provided, ensuring that [relative's name] has one to one care from a dedicated support worker. The continuity of care is excellent, ensuring that they can live as independently as possible. They are treated with dignity, respect and compassion, and often with great affection."

The service also showed respect for people's privacy and dignity. Staff told us how they would protect people's privacy and dignity. One staff member said, "If they want their own private time they will either go their own room or I will leave the room."

Staff treated each person as an individual and listened to them and involved them in decisions about their care. Where one person was unable to communicate verbally pictures were used. One staff member said, "[Name] is very visual so we use pictures to support their decisions and provide choice. You need to do one step at a time, for example if they were to have a shower, we show a picture of a shower, then a picture of shampoo, the visual prompts really help." They also said, "One person likes you to mimic their behaviours this makes them happy and shows them we have understood." A relative we spoke with said, "Staff understand [name] and respond to their needs. They [staff] are exceptional."

Staff promoted people's independence as much as possible. Staff we spoke with said, "I always ask them to do things." Another staff member said, "We prompt and support people to help with making tea for example, they know we are there if needed."

The manager said, "Myself, the proprietor and the staff team at Lenore pride ourselves on the opportunities we give the clients at outreach. We are always looking at ways to allow the clients to be as independent as possible whilst encouraging them to take positive risks in their lives like we all do at some point in our lives."

Good

# Is the service responsive?

## Our findings

Relatives of people who used the service were very involved in their relatives care and felt it was centred on the person. One relative said, "I was looking for a place for my relative and Lenore Outreach were they only ones that wanted to know [relatives name]. They wanted to know all about them as an individual." Another relative said, "The staff are brilliant, everything is centred around [relatives name]."

We looked at three care records. We found the care plans were detailed and covered all aspects of each person's health, personal care needs, risks to their health and safety and personal preferences. The person's routines were set out in detail for staff to follow. One staff member said, "Everything is set up by routine, we have waking up routines, daily routines and bedtime routines."

The care plans also contained an 'all about me' document. This document provided information on the person, their likes, dislikes, life history, family members and people important to them. We saw this was done in a pictorial format.

Care plans provided information for staff on how to cope with behaviour that challenges. There was detailed information on how the person would show behaviour along with signs and symptoms, and how staff were to react. For example, one person could show challenging behaviour but if a staff member tried to intervene it could make the behaviour worse and last longer. Staff were aware that this person needed to complete some behavioural routines, they would observe and make sure the person was safe. One staff member said, "We have to step back and let them do what they are doing, they have to go through their routine." Another person showed behaviours by hiding things or emptying things out of cupboards. Staff observed the behaviours and kept a record to see if they could find out what had triggered them. One staff member said, "All the behaviours are unpredictable and can happen in an instant but it could be about the person remembering something that had happened two weeks ago."

Before people began to receive a service a senior member of staff visited them to assess their personal and healthcare needs and draw up an initial plan of care needs. Two people were provided with 24 hour care and prior to coming to Lenore Outreach were in residential school. We were told by relatives and staff how they supported a smooth transition. A relative said, "When I was looking for a place for [relative's name] Lenore Outreach were the only service that wanted to know [relative's name]. They wanted to know all about them as an individual. Staff came and joined the previous team, then they took [relative's name] out. They also took them to see where they would be living and one day asked them to bring some of their favourite things and put them in places around the home. It was a gradual process but they listened to us and made it the smoothest transition. It was a real success story; I can't rate them high enough." A staff member said, "We had staff work at [schools name] for 12 weeks prior to the person coming to Lenore Outreach, this meant we could all really get to know each other well, it was brilliant."

People were supported to access activities of their choice. People could join in the activities and outings that Lenore Care Home [sister home] organised. One staff member said, "We join in as much as we can but take out own transport in case the activity turns out to be too loud etc." We saw evidence of activity boards

one person used. They would put all activities on the green side and when the activity was completed the person put it to the red side. This supported the person in making sure everything had been completed. Another board was used when one person was on an outside activity. This was a now and next board so they could see what was happening and what would be happening.

The service had also accessed information on autism friendly film screening at their local cinema. A relative we spoke with said, "A staff member always brings [relatives name] to see me and to all family events, the staff member is on all out photos and we see how well they support [name]. [Name] is always very well turned out for these family events."

Feedback from a relative stated, "The programme of activities that they organise on a daily basis is fantastic, making sure that [relative's name] has the right mix of stimulation or relaxation as required. Each of his support workers has a great relationship with my relative and his wellbeing is paramount to them, their role is essential in supporting my [relative] as a vulnerable person."

The service had a complaints policy in place; however no complaints had been received. Relative's we spoke with knew how to make a complaint but said they had no reason to.

Good

# Is the service well-led?

## Our findings

People received a service that was well led and well managed. Relatives and staff felt fully supported by the manager. Relatives we spoke with said, "I am so impressed with the service they go above and beyond to make sure my relative is well looked after. They [staff] keep me up to date with what is happening and keep in touch regularly. " Another relative said, "Bringing my relative here was a marvellous move, the quality of care and continuous respect works like a dream it was the best decision I have ever made and I am incredibly happy as is [relatives name]."

One member of staff we spoke with said, "I am definitely supported by the manager." Another staff member said, "I think the world of [manager's name], they are so supportive, if you are stuck they sort it out."

Lenore Outreach sought the views of people who used the service and their relatives through regular contact such as weekly phone calls or visits. Feedback from one relative stated, "I would have no hesitation in recommending Lenore in delivering social care. The care they have ensured my [relative] received has been beyond my expectations. My [relative] remains a happy in their care."

The manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits we looked at reviewed areas such as health and safety, finances and infection control.

During the inspection we asked for a variety of documents to be made accessible to us, including policy documentation and care records. These were promptly provided and we found the manager had ensured records regarding people's care were accurate and up to date.

We saw staff meetings took place every two months or more often following incidents. Topics discussed were time keeping, cleaning, health and safety and the people who used the service. Staff we spoke to found the meetings useful. One staff member said, "The meetings are really good, we discuss things we need to know and anything happening in the future. You can speak to [manager's name] on a daily basis as well, they always find time for you."

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the provider. This meant we were able to see if appropriate action had been taken.