

CJP Outreach Services Ltd

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Inspection report

144 Bradley View
Holywell Green
Halifax
West Yorkshire
HX4 9EA

Tel: 01422372395
Website: www.cjpos.co.uk

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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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

On the 11 October we inspected CJP Outreach Services Ltd and made phone calls and home visits to people and their relatives and staff on the 20 October and 4 November 2016. At the time of our inspection, there were eight people using the service. This was an announced inspection which meant we gave the provider 48 hours' notice of our visit.

CJP Outreach Services Ltd offers a range of personal care and specialist services, such as at home respite care, supported breaks and supported holidays for people with learning and physical disabilities and multiple and complex needs living in Calderdale and surrounding areas.

The service had 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 and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

The risk to people's safety was reduced because staff could identify the different types of abuse, knew how to report concerns and had attended safeguarding adults training.

Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way. Relatives told us there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment where people lived were carried out.

Processes were in place to ensure people's medicines were stored, handled and administered safely.

People were supported by staff who received an induction. Staff received training in the provider's mandatory courses and person's specific course. Staff received regular assessment of the quality of their work.

The registered manager ensured the principles of the Mental Capacity Act 2005 (MCA) had been applied when decisions had been made for people.

Staff ensured people were given choices about their support needs and day to day life. The registered manager was aware of the requirements to apply to the Court of Protection (COP) if applicable.

People were encouraged to plan and buy their own food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals

to relevant health services were made where needed.

People were supported by staff who were kind and caring and treated them with respect and dignity. People were able to contribute to decisions about their care and support needs, although examples of this in people's records was limited.

People's support records were person centred and focused on what was important to them. The records were regularly reviewed. People's personal preferences and how they wanted their personal care to be provided was recorded but sometimes lacked detail. Staff had a huge understanding of people but this was not always captured on their documentation.

People were encouraged to take part in activities that were important to them and were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

Relatives and staff spoke highly of the registered manager. The registered manager understood their responsibilities. Staff and relatives were encouraged to contribute to the development of the service.

Staff were encouraged to develop their roles. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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 by staff who could identify the signs of abuse and knew the procedure for reporting concerns.

Accidents and incidents were appropriately investigated.
Assessments of the risks to people's safety were conducted and regularly reviewed.

People felt they were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place and kept people safe.

People's medicines were stored, handled and administered safely.

Is the service effective?

Good 

The service was effective.

Training and induction for staff was completed and their competency routinely checked.

People's records showed the principles of the MCA had been adhered to when a decision had been made for them.

People were supported to follow a healthy and balanced diet and were encouraged to plan and buy their own food.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed.

Is the service caring?

Good 

The service was caring.

People felt staff were kind, caring and respectful and treated them with dignity.

Staff understood people's needs and people were involved with

decisions about their care and support needs.

Person centred care and encouraging independence were key aims for the service.

Is the service responsive?

The service was not always responsive.

People's support records were written in a person centred way but lacked details. Further information that staff were aware of had not been captured.

People and their relatives were involved with the planning of their care and support.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Relatives and staff spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

People, relatives and staff were encouraged to provide feedback on how the service could be improved.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Good ●

CJP Outreach Services Ltd

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 took place on the 11, 20 October and 04 November 2016 and the visit was announced. This meant we gave the service 48 hours' notice of our inspection. This was to make sure the registered manager was present during the inspection. We last inspected CJP Outreach Services Ltd in January 2014 when we found it compliant in all areas inspected at that time.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We asked the provider to complete a 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. This document was completed and returned to us within the specified timescales.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and three staff files. We spoke with three family members, the registered manager and one support workers. We met one person who used the service, but as the CQC were unable to communicate with them effectively, we spoke to their relatives. We looked at quality monitoring arrangements and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe when staff supported them. One relative said, "Really happy with the service, no concerns at all." Another relative told us, "I have full trust with the staff," and "I would trust them with my life." A health professional said, "I have never seen anything or heard anything to raise a concern."

All of the relatives who spoke with us told us they felt their family member was safe from abuse. The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. People and their families were provided with the information they needed when they started using the service which explained who they could report concerns to. All staff had attended safeguarding adults training to ensure their knowledge met current best practice guidelines. The staff we spoke with were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the CQC, the local multi-agency safeguarding hub or the police.

The registered manager told us there had not been any allegations of abuse and records viewed supported this. They also told us they had the processes in place to respond quickly if any allegations were made and they would put immediate processes in place to protect people.

Assessments of the risks to people's safety were completed. There were individual risk assessments for each person in relation to their care needs and behaviour. These included communication, epilepsy, the environment in which they lived, epilepsy and medicines. Each risk assessment had been regularly reviewed to ensure the support plans in place to manage the risk, were appropriate to each person's individual needs. Although risk assessments included a rating to determine how serious a risk was to a person, we found some risk assessments did not include information about how risks were to be controlled, and often referred people to the care plan. The risk to people's safety had been reduced because regular assessments of the environment they lived in were carried out and regularly reviewed.

We looked at records that was completed when a person had an accident, or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager and they made recommendations to staff to reduce the risk to people's safety, for example additional training required. The registered manager carried out regular analysis of these incidents to identify any trends. This enabled them to put preventative measures in place, if needed, to reduce the risk of reoccurrence.

Relatives told us there was always enough staff available to keep their family members safe when they needed them and the staff arrived on time. One family member said, "They are always here when we ask them to be here, if there is ever a problem then they let us know." Another relative told us, "There always on time."

The registered manager told us a formal assessment of the number of staff required to support people was

carried out as part of the initial assessment and they continually reviewed people's needs. Where changes were needed, such as people requiring additional one to one support, requests were then made to the local authority and also to the provider to ensure sufficient staff were in place to keep people safe.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. The staff we spoke with felt there were. One staff member said, "If we have any concerns then we just tell the registered manager."

The registered manager told us they had a very clear and strict recruitment process which included staff being able to demonstrate they shared the service's approach to caring and supporting people in a compassionate and caring way. They told us this process, along with robust checks such as checking if people had a criminal record, had appropriate identification and references in place, ensured people were protected from the risks of unsuitable staff. Once people had started their employment, they were to shadow the registered manager for a period of time which the registered manager thought was suitable, then the registered manager would shadow the new staff member. This ensured a thorough handover of people's needs and review of staff's competency.

Where appropriate, processes were in place which ensured staff supported people safely with their medicines. Relatives of people told us they were happy with the way staff supported their relatives with their medicines. One person said, "They [staff] know exactly what they are doing and it's always recorded." Another relative said, "They sought the medicines out and go to medical appointments."

Each person's support records contained information about how they wanted to be supported with their medicines if they needed assistance from staff. However this did not always include how people preferred to take their medicines. We mentioned this to the registered manager who agreed to add more content and direction for staff to follow.

The staff we spoke with had a clear understanding of their responsibilities when supporting people with their medicines. Records showed staff had received training in the safe administration of medicines and the registered manager told us staff were not permitted to support people with their medicines until they had completed the training. The provider had a medicines policy in place which described how staff should ensure the safe handling, storage and where appropriate, timely ordering of people's medicines.

We checked two people's medicine records and they were appropriately completed. Medication Administration Records (MAR) are used to record when a person had taken or refused to take their medicines. In each person's MAR there were personal details of them to aid identification and information about their allergies.

Individualised processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. Where staff administered these medicines they recorded the reasons why. These medicines had protocols in place to direct staff when these medicines should be taken.

Is the service effective?

Our findings

People's relatives spoke positively about the way staff supported their family member. One relative said, "All the staff are fantastic, really know what they are doing, I have no concerns." Another relative said, "They are all magnificent," and, "I Have no concerns."

The registered manager told us staff received support to undertake the care certificate induction to provide them with the skills needed to support people in an effective way. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff spoken with told us they felt well trained. One staff member said, "I have done loads of training. Safeguarding, moving and handling and lots more."

Records showed staff had completed training in a number of areas deemed essential for their role. These included, safeguarding of adults, safe administration of medicines and the safe moving and handling of people. We viewed the training matrix, used by the registered manager to monitor what training staff had completed. This showed staff had completed and were up to date with a large number of relevant topics that aided them to complete their work.

Staff told us they felt supported by the registered manager and received regular supervision of their work. The registered manager told us they had met regularly with people to perform spot checks, but had not always recorded this. They told us they would record these conversations as part of their actions following this inspection. Records showed the frequency with which staff received supervisions in 2016 was not always recorded.

People's support records did not always contain individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. The registered manager agreed this was an area that needed completing and would add this section to the care documentation. People who used the service benefitted from staff having clear direction in how to best communicate with them. Relatives told us staff could communicate with family members effectively. This showed us the documentation needed updating to reflect the current needs.

People's support records contained individualised guidance on how they wanted and needed to be supported if they presented behaviours that challenged. All of the staff we spoke with had a very good understanding of these processes.

Relatives told us they were happy with the way staff gave their family members choices and options and never forced them do anything that was not in their best interest. One relative said, "Staff work hard to find out what they [family member] want to do." Staff could explain how they ensured they gave people choices and only made decisions for them, when they were unable to make them themselves and they were in their best interest.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection (COP). At the time of our inspection, three referrals had been made to the COP. The registered manager had a good understanding of their responsibility with regard to the applications. Staff told us they worked in the least restrictive ways and followed people's directions whilst respecting their decisions. The service was acting in line of the principles of the MCA. Relatives told us that staff always asked their family member for consent before assisting them.

People were involved as much as possible with planning their own meals. One relative said, "They ask [person's name] what they want [in their preferred method of communication]." People's support records gave staff guidance on the foods that people liked and disliked, any allergies they may have, and any risks they faced when eating.

Relatives told us they were happy with the support their family members received from staff with their day to day health needs. One relative said, "They can go to appointments instead of me, in fact that works better." Another relative told us, "They are very on the ball and help [person's name] to appointments."

People's day to day health needs were met by staff. People's records contained numerous examples where people had attended external health and social care appointments. These included visits to see a GP or dentist. The staff we spoke with had a good understanding of the health needs of the people they supported.

Is the service caring?

Our findings

All of the relatives who we spoke with gave extremely positive feedback when we asked them whether the staff who supported them were kind and caring. One relative said, "They have a very very caring approach," and, "Nothing is too much trouble." Another relative said, "There is nothing further they can do, they have it exactly right."

Staff told us they responded to people's needs if a person became upset or distressed. One staff member said, "As we work with only a few people, we get to know them really well so I can support them in a way a friend might do." All of the staff we spoke with spoke passionately about the way they supported people. A relative said, "They know them [my relative] inside out."

We spoke with relatives who were present when their family member received support and they told us staff had a good rapport between them and the people they were supporting. They also told us staff were patient and listened to what people had to say.

People's support records contained information about their likes, dislikes and personal history but this was sometimes limited. We looked at documentation which included information that was important to each person. Staff told us they used this information to help them form meaningful relationships with people. We spoke with staff in detail about people and their needs. Staff were able to demonstrate a wealth of knowledge about individuals that was key to the care and support they required.

Relatives told us their family member and they were involved with decisions about their relative's day to day care and support needs. People's support records contained some examples to show where they had been involved with decisions about their care, although examples were limited. The manager assured us people were continually involved with decisions but agreed this needed to be recorded more regularly in people's support plans.

The registered manager told us where people needed their relatives to support them with decisions about their care they ensured the relatives were involved. The relatives we spoke with all felt involved. One relative said, "We are constantly learning and adapting things to make them better for [person's name]." The registered manager also told us a person, due to their physical condition, needed very specific methods to be used to ensure they were moved and repositioned in a safe and effective way. They told us they had discussed the person's needs with them and their relatives and invited the relatives to attend a moving and handling training course with the staff. The registered manager told us they offered this to give them the skills they needed to support their family member safely, but also to feel fully involved with the care they received.

Staff told us of people's ability to undertake tasks independently of staff. Relatives told their family members were supported to be as independent as they wanted to be. One relative said, "They support [person's name] to do as much as they can, but they also do it in a fun way." The staff we spoke with explained how they supported each person to be as independent as they wanted or were able to be. A staff member said, "If

they can do something for themselves then it helps them be more independent."

The registered manager explained how people's privacy would be respected by the staff. They said people had the right to be alone or undisturbed and to be free from public attention. Staff were guests in people's home and will only enter with consent. Relatives did not raise any concerns about their or their family member's privacy not being respected.

Staff could explain how they maintained people's dignity when supporting them with their personal care. One staff member said, "We always make sure people are treated with the dignity they deserve." A relative described how staff helped their family member with their personal care. They said, "They [staff] always support [person's name] in a dignified way."

Is the service responsive?

Our findings

Relatives told us their family members were encouraged to do the things and follow the interests that were important to them. One relative said, "Sometimes they try new things and if [person's name] doesn't like it, they try something else."

Before people started using the service, pre-assessments were carried out where people and their relatives were asked to give their views on the support they or their family members wanted from staff. The registered manager told us this then enabled them to ensure the staff who would be supporting them had the right skills and experience to meet their needs.

People and their relatives told us they received support from a consistent staffing team. One relative said, "It's often the same person who comes which is great because they really build up a great relationship." Another relative said, "[The manager] tries to keep a core staff team to help [person's name] form a relationship with them [staff]." The registered manager told us by providing people with a consistent team of staff helped people to develop trusting and effective relationships with the staff who support them. We looked and saw the recruitment process was thorough and included analysis of potential staff's interests, beliefs and character. There was also an opportunity for people and relatives to meet potential staff and offer their views. This meant people could build closer relationships with people increasing their chance of meaningful activities.

People's support plans were written in a person centred way which recorded people's wishes about how they would like their care and support to be provided. This included the support they wanted with their personal care. However we found there were areas where improvements could be made. For example care records were not split into sections to increase details such as, communication, personal care, activities, medicines and mental capacity. We mentioned this to the registered manager who agreed to enter more detail. When we spoke with staff, it was very clear their knowledge of people was extremely high and a lot of this detail could be captured in care records in-case someone new had to cover a shift.

Support plans were regularly reviewed and contained guidance for staff to support people living with varying physical or mental health disabilities. For example, we saw guidance was in place for staff to support a person who could show challenging behaviour. All the information we saw was current and family members agreed it was up to date.

People were provided with the information they needed to make a complaint in people's care documentation. Relatives felt any concerns they needed to raise with staff or the registered manager would be dealt with appropriately. One relative said, "No, I've not complained. I'm sure they would respond quickly." Another relative said, "No, we haven't made any complaints, only observations, nothing serious. We have every confidence in them." We reviewed the provider's complaints policy and complaints register. We saw complaints had been responded to, in line with the company policy and the registered manager had significant knowledge about previous complaints.

Is the service well-led?

Our findings

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. A relative said, "[Registered managers name] is very good and we work closely with them." Another relative said, "I do feel listened to, they [staff] are very responsive." A member of staff said, "We can speak with [registered managers name] at any time and problems would get resolved very quickly."

As the service was small, relatives told us they had more than enough contact and opportunity to voice their opinions if they wished. One relative said, "We wouldn't change anything." Regular staff supervisions were held. Minutes of these meetings showed a wide variety of issues were discussed, along with staff having the opportunity to raise any concerns they may have. Staff told us they had plenty of opportunity to raise any concerns.

The registered manager told us they regularly spoke with people to gain their views and formal feedback by way of a questionnaire was about to be sent to people, their relatives and health professionals. They told us they were in the process of completing the questionnaire and would send this to people and their relatives shortly. They told us this would provide them with more formalised feedback and would help them to make improvements to the service if needed.

There was a strong emphasis on involving people as much as possible with their local community. The registered manager said, "We spend a lot of time finding out what people want to do and trying new things. So we see what's in the local area to access as well." The staff we spoke with told us they felt empowered by the registered manager to provide people with the highest standard of care and support possible. One member of staff told us they were encouraged, 'to think outside of the box' to improve the quality of the service people received.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. They were provided with a staff handbook which advised them what was expected of them in their role. Staff felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team.

The staff were clearly passionate about their role and told us they enjoyed their jobs. The registered manager who was also the company director had a clear vision and philosophy for the company and staff had a good understanding of this. The registered manager told us they wanted people with disabilities to live the fullest lives they could lead.

People and staff were supported by a manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

All of the staff, people who used the service and relatives spoke highly of the registered manager and felt they were approachable. A relative said, "They are always very quick to respond and happy to work together." Another relative said, "Magnificent company."

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. We saw customer annual reviews, enabler annual reviews and unannounced staff checks. As the provider was small, the registered manager was in daily contact with people and worked shifts to support people. This meant they were constantly looking and using the service as an 'enabler' so they could identify issues prior to them being identified in an audit. Audits and checks were carried out effectively to ensure any areas of improvement were identified and could be addressed quickly.