

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

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

CJP Outreach Services Ltd is a domiciliary care service providing bespoke personal care to nine people living with a learning disability and/or complex needs at the time of the inspection.

Five people who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The registered manager and provider showed passion and a 'can do' attitude to supporting people with complex needs. Stemming from their family experiences, their drive for outstanding care provision was evident in the vision and outcomes for people. People's needs were thoroughly assessed prior to offering support to ensure the service could meet them creatively and robustly. Feedback from all people, relatives and staff was extremely positive and highlighted how much the service strove to provide individualised and enabling support. Staff were consistent and had developed strong bonds with people over a number of years.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives described the staff as fantastic, exceptionally compassionate and very obliging, often going the extra mile. One relative said, "The support they offer goes above and beyond our original expectations."

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People told us they had been to Japan, Australia and Spain with their support staff, fulfilling their lifetime ambitions of following sporting events. This had been facilitated by effective budgetary planning and advocacy provided through the agency.

Staff had been with the service for many years and developed fulfilling relationships with people. They were competent and knew how to safeguard people. They had received regular training and support. Medication practice was safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 February 2017)

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

CJP Outreach Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 September 2019 and ended on 17 September 2019. Calls were made to staff, people who use the service and their relatives during this time. We visited the office location on 10 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with one person who used the service and three of their relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and all support workers. We also received information from the Director of Adult Services for the local authority.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who has contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person said, "I feel happy and safe. They always turn up."
- Staff could recognise and knew how to report any possible signs of abuse or neglect. There were systems in place to report such incidents but there had been no cause for these to be used.

Assessing risk, safety monitoring and management

- Where people displayed complex behaviours which may challenge, the service had positive behaviour support plans in place. Staff were able to explain potential triggers for incidents and what action to take to minimise the risks.
- If people had epileptic seizures detailed care plans outlined actions to take pre- and post-seizure, to ensure staff were vigilant around possible signs and to minimise the likelihood of harm.

Staffing and recruitment

- Recruitment processes were thorough including all necessary checks and potential staff were only considered at interview if they met high expectations of conduct and knowledge. Staff were recruited to support specific individuals and therefore their skills and demeanour were crucial. This included gender and age-specific considerations, to ensure high levels of compatibility.
- The four staff including the registered manager managed people's needs flexibly and responsively. No one told us they had any missed visits or input and were extremely appreciative of how the service flexed around their needs if their circumstances changed. Each person had a 'primary enabler' whose role was to sort out cover if needed. This was rare as the service had no periods of unexpected sickness.
- Staff had been with the service for a minimum of six years, with one staff member supporting a person for over ten years. This demonstrated staff were happy and settled and had working patterns which met their work-life balance. Staff felt valued as they were able to work autonomously and all enjoyed that 'no two days were the same.'

Using medicines safely

- People had detailed and individualised medication plans in place including for PRN or 'as required' medication. This provided staff with detailed guidelines of when and how they needed to administer such medication. Most people received medication support from care staff in their living accommodation or their family members.
- Where family members were administering medication, CJP Outreach Services had developed a shared Medication Administration Record (MAR) to reflect who had administered what and when to avoid any errors.

- Where medication needs were complex, protocols were in place which had been drawn up with relevant health professionals including consultants and specialist nurses.

Preventing and controlling infection

- Staff understood the principles of effective infection control practice and told us they had access to supplies of personal protective equipment such as gloves.

Learning lessons when things go wrong

- The service had not had any accidents or incidents which required further reflection. However, the registered manager explained the process they would follow if required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were robustly assessed before the service agreed they could support them safely.
- The registered manager demonstrated sound understanding of all key policies and guidelines, and how to seek clarification if they were unsure of any issue. They were fully aware, for example, of the NHS initiative, STOMP, to reduce over-medication of people living with a learning disability and advocated strongly on behalf of people in this instance.
- Relatives spoke highly of the input the registered manager had and were confident best practice was being followed based on their experiences of other service provision.
- Staff had access to any changes to people's needs instantly through a robust information system which gave them access to relevant documentation. This was securely stored.

Staff support: induction, training, skills and experience

- Relatives described staff as very experienced.
- All staff had received an induction which focused on the person they were to support. It included core training topics and any specific to the needs of the person they were assisting.
- Supervision was offered with face to face meetings when needed. Staff explained they had contact with the registered manager on an almost weekly basis to discuss people and how they were progressing. Any changes were discussed as the service was so small and the registered manager knew everyone very well.
- The registered manager showed us a mock version of a new reflective practice model they would be trialling with all staff. This focused on a shared conversation and reviewing developmental needs.
- Staff told us they had been supported to extend their knowledge with one staff member achieving their health and social care diploma. Other training was refreshed as required via completion of workbooks which were sent to an external source to mark and provide feedback.

Supporting people to eat and drink enough to maintain a balanced diet

- If people required assistance with food and drink, guidance was recorded for staff to follow including types of food to avoid due to intolerance. The registered manager was the only staff member supporting a person with a percutaneous endoscopic gastrostomy (PEG) feed (feeding tube going into the stomach) and had received full training to do so.

Staff working with other agencies to provide consistent, effective, timely care

- Where people had personal assistants or lived in supported living environments, care plans outlining their involvement were in people's records, so it was clear who performed which role.

Supporting people to live healthier lives, access healthcare services and support

- People's specific health conditions were recorded and records showed how they impacted on people. However, it was clear this was not a limiting factor for any person and records showed how staff were to support people to live 'life to the full'.
- Where necessary, staff took people to their various medical appointments and liaised with services as needed.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's consent was sought by staff at every opportunity and where people lacked capacity, consent had been given by their representative. Staff were aware people could sometimes make unwise decisions but would support them through these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person said, "I'm happy with [name of staff.]" One relative told us, "[Name of staff] is absolutely fantastic. They go above and beyond what is needed. They are loyal, trustworthy, perfect and have a good sense of fun." Another relative described staff as "very compassionate. They can't do enough for [name]."
- Another relative described the service as "Exceptional care and compassion at all times." They said, "This agency strive to enable [name] to achieve the best they can, try to anticipate their every need and help them to be safe and happy."
- One person was supported to attend their brother's stag do in Germany through the support and dedication of one staff member. The relative said, "This was something I never thought possible." The support offered at the subsequent wedding was also highly commended.
- Care documentation reinforced the positivity of people being enabled. One care record read, "[Name] is amiable and looks forward to stimulating activities. The role of the enabler (staff member) is to ensure whatever the activity [Name] is doing, they are encouraged, stimulated and able to achieve."
- No one had any specific cultural or spiritual needs which needed to be met, but all staff were appreciative of people's differences, likes and dislikes including their sense of humour. Everyone was spoken of with affection and knowledge, showing staff had built trusting relationships with people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us how they shaped the support they received. Everything stemmed from their wishes and preferences. One relative said communication was "excellent." Another relative said, "CJP Outreach have worked very closely with my husband and I over the years, not only providing support to [name] but also to us."
- The registered manager was keen to further develop audio-visual care plans for specific aspects of care such as oral health and medication. This would include the person in it to encourage their participation and engagement.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a variety of ways including doing voluntary work. One person worked alongside their staff member packing objects for a charity, and in the afternoon worked at the library. Another person had attended a family wedding and their relative told us how much other people had commended the discreet and professional support offered by their staff member so that they were included in each aspect of the celebration.
- Clear guidance was available to support staff when dealing with personal care support needs. One relative

said, "[Name's] appearance and dignity are very important and given particular attention by their carers which is commendable."

- Behaviour management plans showed how staff were to support people with their emotional needs and develop their independence. This included dealing with the immediate issue and then spending time reflecting with people once they had calmed and considering how they may have reacted differently. This holistic view of support promoted people's confidence as young adults. One relative said, "The support provided to [name] and us (relations) had a real positive impact at a difficult and challenging time."
- The registered manager was very knowledgeable about people's financial entitlements and actively supported people and their families to ensure they were receiving the correct allowances. This advocacy role was invaluable to families who spoke highly of the support they received.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person said, "It's great. I love going out – on holiday, doing sport and music." This person said they had been to Japan and Australia with their staff member and visited lots of museums and temples which they liked doing. This was in line with their interests and choices and enabled them to fulfil one of their main dreams which was to watch the Ashes.
- One relative told us, "My [relative] has a very full and varied life which is as it should be. They have a very busy social life." They described the activities undertaken as "[name]-related" meaning everything was about what their relative enjoyed and wanted to do, rather than what the service offered. They said, "It's always what's best for [name], never about the staff's interest. 100%." Another relative said, "CJP's commitment to personalisation and 'one size does not fit all' has allowed [name] amazing opportunities and allowed them to remain at home."
- People enjoyed an exceptional range of activities including short breaks and holidays with the support of their staff. Activities included bowling, swimming, cinema, sports and meals out. Contingency plans were also in place in the event of poor weather. One person had enjoyed a trip to Alton Towers the previous week. Holidays included trips to Australia and Japan as mentioned above.
- Long term goals were planned for such as budgeting for a special trip and planning the activity into smaller stages to develop understanding around finances. This helped people gain additional life skills, through managing money and enjoying trips of a lifetime.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One relative described the service as "forward-thinking" and "outside the box" as it did not fit usual models of delivery. They said, "How many services support people on holidays abroad? This service is tailored to my relations' needs. This agency has a genuine grasp of individual, person centred planning." Their relation had been supported to Barcelona to watch football, to the Guinness factory in Dublin and the whole family had received support from staff during their family holiday to enable them to spend time together. This allowed the person to be fully included in activities with their family and showed how the service enabled people to engage in everyday life.
- Care documentation was person-centred and reflected current needs. Each person's needs were outlined as they affected them. This included how they responded to specific questions or tasks, enabling staff to support them safely and in an informed manner.
- Some people had weekly, adaptive timetables to accommodate their preferences. One relative said, "No two weeks are the same. Nothing we ask for is impossible – the manager will always find a solution," which

highlighted the service's flexibility. The support was offered between the family's two homes, one of which was at the seaside. Others had more regular routines as per their wishes. All documentation reflected how staff were to be flexible according to the person's mood and feelings at each visit and to adapt plans if necessary.

- We read in one care plan how "the aim is to ensure [name] has a voice and is fully supported to develop as a person and individual." This continued to discuss how staff were to support with the person's developing emotions and feelings as they had been with the service from late teens into adulthood. Guidance was specific and had been agreed with all family members to promote consistency of service support. This support continued throughout admission to a psychiatric hospital at the request of the health professionals.
- People's whole support networks were recorded and referenced if other support was available such as through personal assistants. The service worked alongside these where necessary to enable the person to lead a fulfilled life.
- We saw an endorsement from the Director of Adult Services in the local authority who said, "My contact with individuals and families are full of praise for your organisation. You and your team work tirelessly to ensure people meet their goals and ambitions. I see an unwavering commitment to deliver truly outstanding, person-centred care which provides unique solutions to individual circumstances. This enables people to build their strengths and maximise their full potential."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's differing communication methods were documented, and staff were very clear in their understanding of how they related to the person they were supporting if they were unable to verbalise their thoughts. Staff described different methods such as communicating via Makaton or variations of this, finger spelling, people's expressions and gestures. Documentation was available in different formats if needed.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any issues and said the registered manager was always approachable. A pictorial complaints policy was available to ensure everyone had the information in a format they understood.
- One issue had been raised recently by a member of the public but this had been addressed promptly and appropriately, with due regard for confidentiality.
- Relatives were highly complimentary about the service. One spoke about how the "longevity and continuity" of care staff had enabled a sound relationship to be built up. Another said, "It's all about them [as in the people being supported]. This is the best provider we've ever had. Staff are amazing, age and gender appropriate with good senses of humour." This meant people were supported to live fulfilling and exciting lives, accessing opportunities which other services would not have even considered.

End of life care and support

- People's end of life wishes had been discussed with relatives where they wished to share their plans. No one had an advanced decision in place.
- One person had been supported following the death of their staff member and continuity of provision had been instrumental in ensuring this was managed sensitively and empathetically.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One relative said, "I love this service as there are no distinctions between my relative and the member of staff. They do things together and there are no limitations." Another relative told us, "The manager will not ask the staff to do anything they wouldn't do. They are an excellent advocate for my relative." They gave examples where the registered manager had supported them at other meetings the family had had with professionals.
- One staff member said, "I changed profession to do this job and have never regretted it. I would recommend the service to everyone." All people and relatives we spoke with said they would recommend the service and that nothing could be done any better. One relative described the service as "brilliant." They said, "They can't improve on the service."
- We asked the registered manager what they felt the service did well, and they said, "sticking to the principles they had when setting the service up in 2005 which was to deliver high quality, person-centred care so anyone living with a learning disability or other complex needs could live a fulfilled and enjoyable life like everyone else has the chance to do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The recent complaint raised by the member of the public had been brought to the attention by the staff member involved. This showed the staff member appreciated the significance of the concern and was open in their approach.
- We asked the registered manager how they would address a possible conflict of interest as they were both manager and owner of the company, and they explained they had contacts within the local authority who they could ask to provide some independent scrutiny.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As the service was so small and any changes dealt with promptly there were limited formal quality assurance systems. The registered manager saw or spoke with people and their relatives on a weekly basis and had up to date knowledge. This was echoed in their staff communication and all staff member said the registered manager was available at any time. One staff member said, "I always get a response."
- They had made use of an external consultant to provide a steer on where further developmental work may be needed and they were working towards an action plan created from this.

- The ratings from the previous inspection were on display as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were fundamental to shaping the service and any amendments they suggested were trialled and reviewed for effectiveness such as different activities people may like to try
- We asked staff if they felt anything could be done differently to improve the service and all said the service was well run and there was no need to change anything.

Continuous learning and improving care

- The registered manager was very creative in their approach and was led completely by the needs of the people using the service. They told us they asked, "Will it improve what we are doing?" and if so, these changes were implemented.
- The registered manager's focus on oral health care had developed from their family experiences and they had realised how crucial good mouth care was. The level of person-focused detail demonstrated how much they had integrated this aspect of support at the very outset of their involvement.

Working in partnership with others

- The service worked alongside other providers and health professionals where needed.