

Outreach Care Support Limited

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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

The inspection took place on 14 February 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The inspection team consisted of one inspector.

The service provides support with personal care to adults living with learning disabilities who either live in their own homes or in a supported living setting. This service is a domiciliary care agency. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection the service was supporting eight people with personal care. The provision of personal care is regulated by the Care Quality Commission. This was the first inspection of the service which has been registered at the location since January 2017.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

The service was safe and had practices in place to protect people from harm. Staff had training in safeguarding and knew what to do if they had any concerns and how to report them.

Risk assessments were personalised and detailed. Staff had the information they needed to mitigate risks.

Staffing levels were meeting the needs of people who used the service and arrangements were made to provide cover when there were staff absences.

Recruitment practices were safe and records confirmed this.

The service was not supporting anyone with medicines however, staff had received medicines training.

Systems were in place to prevent the spread of infection in people's homes; care workers had access to protective clothing and gloves.

The service documented and learned from incidents and put procedures in place for prevention.

Training for support workers was provided on a regular basis and updated regularly. Staff spoke positively about the training they received.

Care workers demonstrated a good understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis.

Staff demonstrated a caring and supportive attitude towards people who used the service and their relatives told us they were happy with the care provided.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity.

The service had a complaints procedure and relatives of people who used the service told us they knew how to make a complaint.

The registered manager had a good relationship with staff and people's relatives. Staff spoke positively about the registered manager and their management style.

The service had robust quality assurance methods in place and carried out regular audits.

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. There were systems and practices in place to safeguard people from abuse.

Risk assessments were thorough and contained up to date information.

Staffing levels were sufficient to meet people's needs and people were receiving care that was punctual and consistent.

Staff took steps to prevent infection in people's homes.

Lessons were learned when things went wrong.

Is the service effective?

Good ●

The service was effective. People's needs and choices were appropriately assessed.

Care workers were given appropriate training relevant to their role and had the skills and knowledge to provide effective care.

Consent to care and treatment was sought in line with legislation.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity.

Caring relationships were formed between care workers and people who used the service.

People were supported with religious and cultural needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and contained person centred information.

People's goals and achievements were recorded.

People knew how to make a complaint and the service had a clear complaints procedure in place.

Is the service well-led?

Good ●

- The service was well led.
- The registered manager had a clear vision to provide good quality care.
- Staff spoke positively about the registered manager.
- Quality assurance practices were robust and taking place regularly.
- The registered manager sent surveys to people who used the service and their relatives to obtain feedback about the service.

Outreach Care Support Limited

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 checked 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 14 February 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service. This included any notifications, such as safeguarding alerts. A notification is information about important events which the service is required to send us by law.

Prior to the inspection the provider completed 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.

During the inspection we spoke with the registered manager. After the inspection we spoke with a support worker, a senior support worker and two relatives. We were unable to speak to people who used the service as they were all non-verbal.

Is the service safe?

Our findings

Relatives of people who used the service told us the service was safe. One relative said, "They're good, [my relative] is safe."

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff were knowledgeable about what to do if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. A senior support worker told us, "We work with vulnerable people and we owe them a duty of care. There are different types of abuse, neglect, financial, emotional, physical. I'd raise any concerns with the registered manager or I'd go higher to the local authority." A support worker explained, "I've had safeguarding training. It's good quality training. If I had any concerns I'd contact my manager, the manager needs to know immediately." They also told us, "I'd know what to do if I needed to do whistleblowing. I'd report it to social services or the Care Quality Commission."

People had robust risk assessments in place to keep them safe from harm. These included people's home environment, any behavioural needs, falls, personal hygiene and nutrition. One person had a risk assessment in place relating to the risk of 'anti-social behaviour'. Their risk assessment contained detailed information about how the risk presented itself and actions for support workers to take to reduce the risk. For example, "Use of simple and short words when communicating with [client], use of step by step instructions, do not overload [person] with too many choices as this will only confuse and agitate [person]." A senior support worker told us, "The risk assessments are good. It gives us an insight into each person's needs and it helps us monitor their progress."

In addition to risk assessments, people also had behavioural support plans in place that included information about any challenging behaviours, the nature of how the behaviour presented, why the person may be behaving in such a way and how to reduce the likelihood of the behaviour. For example one person's plan stated that they may self-harm by slapping their own face and bite their wrists. This was likely to happen when they were upset or agitated, excited or misunderstood or had been waiting for a long time. They had an action plan in place for support workers to follow that stated, "Reduce anxiety/agitation by using objects of reference, verbal communication to be short and clear, offer activities, praise and reward positive behaviour, use calming techniques such as reassurance, distraction and offering a relaxation activity." Another person's behaviour support plan stated, "[Person] has damaged property in the past when they can't find their socks. Speak to service user to calm down and check for what they are looking for together." This meant that support workers had the resources and techniques needed to support people with behavioural needs. Records showed that risk assessments were reviewed every three months.

The provider had a robust staff recruitment process in place. Records confirmed that various checks were carried out on staff before they began working at the service. Records showed checks carried out on prospective staff included criminal record checks, proof of identification and employment references. This meant the service had taken steps to ensure suitable staff were employed safely.

The provider made sure there were sufficient numbers of suitable and consistent staff to support people and meet their needs. The registered manager told us, "There's enough [staff] and we try to put support workers with service users they live close to." In addition they explained, "We have a pool of support workers that provide cover if there are absences. If no one is available I call the family and keep them updated and if I need to I'll do the visit myself, but this has never happened. All service users have a pool of support workers to provide consistency and for them to have familiar support workers." A senior support worker told us, "There's enough staff and we always get cover, the registered manager arranges any cover." A support worker told us, "There are always cover arrangements and we all support each other." A relative of a person told us, "It's always the same staff." This meant the service was providing consistent and reliable care.

At the time of our inspection the provider was not supporting anybody with medicines, however the registered manager advised us that all staff had received medicines training and had read the medicines policy. They explained, "Even if we aren't administering medicines to a person we still need to know of any side effects just in case." A senior support worker told us, "We've had training in medicines if we need to support anybody." Records showed that care plans had details about people's medicines, dosage, usage and side effects.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. The registered manager told us, "We've had no major incidents but we know when to notify the Care Quality Commission (CQC)."

The provider had checks in place to ensure that infection control practices were adhered to. The registered manager told us, "We provide gloves and support workers wear appropriate clothing. We have to be aware of any latex allergies and follow procedures." A senior support worker told us, "We always clean up after providing care and we use gloves."

The provider demonstrated that lessons were learned when things went wrong. The registered manager told us, "We learn every day. We recently had a situation where one service user was challenging and our support worker got scared and apprehensive about being able to support them. So we had a discussion about approach and discussed it with the family who gave us advice on tone of voice and signs of agitation. We learnt it was best to give [person] space and time and we also did more training with the support worker." This meant the provider was proactive and implemented action plans to prevent things going wrong.

Is the service effective?

Our findings

People's needs were assessed before the service provided them with care and the registered manager explained this process to us, "I will receive a referral and I will collate the information, for example information about the person's health conditions and level of need. I will then carry out a pre-assessment which looks in more detail at the person's health, medical history, preferences, family involvement. It's important to get all the information rather than going into the unknown." Records showed that pre-assessments were detailed and robust to enable personalised care.

Newly recruited staff undertook an induction which included a mixture of classroom based and online training. Records showed that training included health and safety, food safety, equality and diversity, first aid, managing challenging and promoting positive behaviour. An induction was completed before support workers were permitted to carry out care and induction and training records were signed off when completed by the registered manager. The registered manager told us, "We do yearly training refreshers and offer both in-house training and online as well." They also explained, "All of us here have experience working with people who have autism so we make sure we all have the relevant training, particularly in challenging behaviour and encouraging positive behaviour." A senior support worker told us, "The training is good, I've had many, for example first aid, health and safety, safeguarding, working with people with learning disabilities and challenging behaviour. I've developed a lot through training and I keep acquiring knowledge." A support worker explained, "I did the training even though I have five years' experience, I also completed the induction, its good quality training."

Records showed that monthly one to one supervision was taking place. Discussions included duties, health and safety, safeguarding concerns, personal development, training, timekeeping and standards. A senior support worker told us, "Supervision is very useful. We can communicate any issues and discuss progress. This is a good company to work for and I feel very supported." A support worker explained, "Supervision is good. We talk about things and go through the job, the way I do things, safeguarding etc."

Care plans contained information about people's preferences and needs in relation to food and drink, for example one person's stated, "I like having a cup of tea but with lactose free milk." Another person's care plan stated, "I enjoy baked beans, sausage and a cup of tea." The registered manager told us, "We don't prepare food for anyone at the moment and we aren't feeding anyone either."

Records showed the service worked with other agencies to promote people's health. The registered manager told us, "If we have to report any concerns or if our risk assessment highlights anything we will address this and work jointly with relevant health professionals." A senior support worker told us, "We mostly support people with their personal care but we can always help with any health appointments or speaking to their multi-disciplinary team if necessary."

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.

Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. The registered manager told us, "Mental capacity is about the least restrictive practice and making sure people have the option to choose. For example if someone decides not to have a shower we can't force them. It's about finding a new approach."

Consent to care and treatment forms were in care plans and had been signed by people who used the service or their relatives where they lacked capacity. Where people lacked capacity, records showed that best interest meetings had taken place. A senior support worker told us about the importance of obtaining consent and stated, "You have to ask before providing care. You can't force anyone." A support worker told us, "I always seek consent when providing care."

Is the service caring?

Our findings

A relative of a person told us they were happy with the care provided and stated, "They're caring," about the support workers. Support workers told us they felt passionate about their role. One support worker said, "I love the job. Working in the community, I do it with passion. You see people and their families happy and it's very rewarding." A relative told us, "The carers are caring. I'm happy with them, they are gentle with my [relative]."

People's dignity and privacy was respected by support workers. A senior support worker told us, "We always knock on the door before entering. Sometimes in the morning the person might still be in bed. We help them choose their clothing if they need help and make sure we promote independence. We promote independence by setting goals and support people with visual aids and guidance, for example teaching someone to brush their teeth, grooming or getting dressed. After a while they learn and it's good for them to learn new skills, they feel happy they can do things for themselves." A relative told us, "They're always trying to improve [relative's] skills, for example with communication."

A support worker told us how they respected people's dignity whilst providing care, they explained, "I make sure the bathroom door is closed, and especially if there are other people home. And we always promote people's independence and encourage them to do as much as they can independently." They gave us an example and stated, "I started with a client last May. They couldn't dress themselves and now the person has improved and can dress independently. We used examples to show them how to do it, for example putting on a tee-shirt. We repeat the pattern and they learn every day."

People were supported with religious and cultural needs. A support worker told us, "I have one service user who is [a specific religion] and the family request that I support the service user during their religious ceremonies and prayers. Even though I am of a different religion I still support the person, it doesn't bother me and I learn."

Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect. The policy gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave. The registered manager told us, "We have an equality and diversity policy in place and we are open minded. We don't judge, we accept everyone. We don't discriminate, we employ from all different backgrounds and religions too."

Is the service responsive?

Our findings

People's relatives told us how support workers got to know their relative before working with them. One relative said, "They came and spent three or four days with [relative] when we first started with the agency. They got to know [relative] and [relative] got to know them." Another relative told us, "The carers know [relative] very well and my [relative] knows them well." A senior support worker told us, "Once you get to know the service user and they get to know you, the relationship becomes fantastic, you see them progress."

Care plans contained personalised information such as details about people's background, medical needs, living arrangements and care needs. They also contained a 'one page profile' that explained what was important to them, for example one person's stated, "I like going out on a daily basis and I like bus rides and walks in the park." A relative told us, "They asked our feedback for the care plan." Another person's care plan stated, "[Person] is able to attend some personal care tasks independently but requires encouragements to maintain personal hygiene. [Person] requires prompts and supports to wash areas such as back and feet. Staff to use visual and verbal prompts." This meant care plans were person centred.

In addition, care plans contained information about people's communication needs. For example, one person's care plan said, "[Person] requires support with communication. [Person] can verbalise and also uses pictures to make needs known." A support worker told us, "The care plans are good and detailed. We have all the procedures in there to follow." This meant care plans contained information to facilitate support workers in supporting people in a person centred way.

Care plans contained weekly timetables for people and their support workers to adhere to, with the goal of people becoming more independent. One person's timetable was pictorial, with pictures of their toothbrush, clothing items and a comb. The service actively monitored outcomes and achievements of people who used the service and these were recorded in action plans. For example, the service worked with one person to support them to brush their teeth independently. Action plans were reviewed on a weekly basis to document the person's development and showed that progress was being made, for example, "[Person] now knows the routine [to brush teeth] but needs encouragement to brush clean." Another person's action plan for brushing teeth stated, "[Person] can brush teeth independently." The registered manager told us, "We are proud of our achievements so far. We are teaching people, small things like brushing teeth, people can learn to do this over time." A senior support worker told us, "We had one service user who initially refused all personal care and with time and encouragement they now do it every day and they ask for a bath. It's very rewarding." This meant people's progress was documented and used to further encourage and support the person in developing skills.

People who used the service were supported to be matched up with the most suitable support worker to meet their needs. For example, one person's care plan said, "[Person] has not expressed a preference for support staff but they appear to respond better to male staff." Records showed that this person was supported by a male member of staff.

Care plans were subject to regular review which meant that they were able to reflect people's needs as they

changed over time. Daily logs were maintained so the service was able to monitor the care people received on an on-going basis.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us they had not received any formal complaints and records confirmed this. A support worker told us, "If someone wants to make a complaint I would support them. There are forms they can fill in and I'd help them." A relative told us, "If I was unhappy with anything I'd know how to make a complaint."

Is the service well-led?

Our findings

The registered manager told us about the structure of the company and said, "It's just me at the moment and I want to expand. I have an external consultant to supervise me and in any case I can go to them." The registered manager also explained, "If I am on holiday I'm still accessible on the phone and there is a senior support worker who takes on some responsibility." This meant that staff always had a point of contact within the organisation.

Support workers told us they felt supported by the registered manager and that they were always available for guidance and support. A senior support worker told us, "The registered manager is very supportive. We communicate all the time and they're available twenty four seven." A support worker told us, "The registered manager is good. What I like about her is the rapport we have developed and I can call her at any time." A relative told us, "I always talk to the registered manager, she understands me very well."

The registered manager explained the relevance of their experience and stated, "I've got experience working with people with autism and learning disabilities. I have good understanding and knowledge and I have a passion for it." The registered manager showed us feedback they had received from the local authority praising them which stated, "Just so you're aware, the feedback from social worker regarding your approach when at the care package initial meeting for [person] was very positive indeed. Keep up the good work."

The service carried out on-going quality checks to ensure that a high standard of care was being delivered to people who used the service and records confirmed this. For example, the registered manager carried out quarterly site visits in people's homes that looked at attendance records, tasks that were carried out, whether support workers were wearing the ID badges, whether care was being provided in a personalised way and whether consent was being obtained. One spot check from November 2017 stated, 'Yes, [support worker] always knocks on door to ask if they can come in and keeps the door shut when I'm dressing.' The registered manager told us, "We aim to spot check every three months. We always arrange with the family and the service user. Sometimes it is difficult to arrange and the senior support worker has been helping me." A relative explained, "The registered manager does ask us for feedback. She has visited us a couple of times. The registered manager is good, she calls and if we call she is always there."

In addition, the registered manager sent a survey to people who used the service on a quarterly basis. Records showed that the survey was pictorial. Questions included, 'I choose what I want to wear', 'my support workers ask for my agreement before providing care', and 'I can choose the activities I want to do'. Records showed that recently completed surveys contained positive results.

The provider also sent out a 'family satisfaction survey', the most recent in January 2018. Records showed that feedback from families was positive. For example, one family member wrote, "I would like to say that the staff appear to go above and beyond the care for [relative]. For this I truly thank them all." Another person's relative wrote, "Appreciate the staff effort over the time that [support worker] has been there."

The registered manager told us team meetings were not taking place in a formal capacity, "We don't have a

big team so I address everything in supervision on an individual basis but I am organising a team meeting for February 2018." They also explained, "I communicate with the support workers every day. I'm always available for advice or a discussion, they have my number and they have access to the computers in the office if they need." A senior support worker told us, "With team meetings, it's hard to pull all the staff together due to everyone being out supporting people at different times but we are not missing out by not having team meetings. We communicate all the time and information is shared by the registered manager." A support worker told us, "We always have communication so not having team meetings isn't a problem. We communicate on the phone and by text message."

The registered manager told us about their plans for the future of the service, "We recently won a tender with the local authority. We have a good relationship with the local authority and commissioners. The idea of our company is to provide support for people with learning disabilities, and support people in developing skills." They also told us, "I'm currently doing the positive behaviour support coaching programme and I have my final assessment in June 2018. Once I finish we will implement what I have learned where relevant."