

Lambeth Elfrida Rathbone Society Rathbone Outreach

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Rathbone Centre (Outreach Service) is a domiciliary care and supported living service providing personal care to people in their own homes and in supported living settings. At the time of the inspection there were 7 people receiving personal care support.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Risks to people's health and wellbeing were managed well and people were included in the risk management processes. The provider supported people to take their medicines safely. There were infection control processes in place. Staffing levels were sufficient to maintain people's safety and ensure their health and social needs were met.

Right Care: People were treated with kindness and compassion and they received person-centred care from well trained staff that knew them well. People were supported to identify and attend activities in line with their personal preferences and interests. People's independence was promoted.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people lead confident, inclusive and empowered lives. The provider worked in partnership with other health and social care professionals to review people's care and support. There were processes in place to gather feedback from people, their relatives and professionals. We received positive comments from relatives of people receiving care about how the registered manager led the team to provide person-centred care.

Despite many positive examples of person-centred care, we could not be assured people were always supported to have maximum choice and control in all aspects of their lives as people's housing and support were not completely separate. We raised our concerns with the provider and they have taken the necessary action to resolve the issues we found.

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 (report published 1 November 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For

those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Rathbone Centre (Outreach Service) on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rathbone Outreach

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats and to people living in 'supported living' settings, so that they can live as independently as possible. In supported living settings people's care and housing are normally provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office location and 2 supported living services. We reviewed the care records and medicine records of 4 people who used the service. We also spoke with the registered manager, 2 team managers and 2 support workers. We looked at 6 staff files in relation to recruitment, training, and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. After the inspection we received feedback from 3 relatives of people receiving care. We also sent feedback surveys to gather feedback from staff and we received 8 responses.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider did not always follow their recruitment policy as they had not obtained a full employment history for all new staff. We raised this with the registered manager and they have taken the necessary action to ensure each member of staff has a full employment history.
- The provider checked candidates' right to work in the UK, obtained references from previous employers and carried out Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- The provider ensured there were sufficient numbers of suitable staff. Some people required 1-2-1 support to attend activities and rotas were planned to ensure they received support in line with their assessed needs.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One professional told us, "I have had a few a few safeguarding concerns that were raised, and Rathbone made sure that the concern was investigated, and a protective plan was put in place."
- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "If I had any concerns, I would raise them with my line manager and other agencies such as the police or social services, ensuring every detail of my concern is logged."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were kept safe from avoidable harm. There were guidelines put in place to support positive risk taking and enable people to try new things. One family member told us, "I believe staff are doing what they can to keep [family member] safe."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to alleviate this. One member of staff told us, "We know the things that are likely to cause people distress or anxiety. Each person is different and we know each person well. Having this knowledge means we can anticipate issues and help re-direct people or get them to focus on something else before they get too distressed."
- A professional who worked with the service told us, "I honestly believe they are working in the best interest of their clients and risks are well managed."

Using medicines safely

- People were supported to receive their medicines safely as staff followed systems and processes to administer, record and store medicines safely and in line with national guidance.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. There were guidelines in place to ensure 'when required' medicines were given according to the prescriber's instructions. One relative told us, "I do think that the medicine is being managed well, I am kept informed of changes and asked for my opinion."
- People's medicines were checked regularly by managers and any issues were promptly investigated.
- There were processes in place to ensure medicines were stored securely and at the correct temperature.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. There was an infection, prevention and control (IPC) policy in place which was regularly reviewed to ensure it reflected current government guidance.
- Staff received IPC training and had access to appropriate personal protective equipment such as gloves, aprons and masks.

Learning lessons when things go wrong

- People received safe care because staff learned from previous incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them to senior managers who investigated them and shared lessons learned.
- The provider used staff meetings to discuss previous accidents and incidents to ensure the whole team learnt from these, so they could be avoided in the future.

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 MCA 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.

- The provider was working in line with the MCA. However, despite generally good principles we found the provider did not always clearly record the outcome of capacity assessments when people lacked capacity to consent to all aspects of their care and support. We raised this with the provider and they have made immediate improvements to their capacity assessments.
- When people's care involved imposing restrictions to keep them safe the provider communicated with the local authority so applications could be made to the Court of Protection to authorise these.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People were supported as individuals, in line with their needs and preferences. Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that all staff could see how best to support them.
- Support focused on people's quality of life outcomes which were regularly monitored and adapted as people went through their life. People had regular meetings with their keyworker where goals were monitored and reviewed. People and their representatives also took part in the regular review of their support plan. One relative told us, "I am involved in the care planning process."
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. There were detailed plans in place about people's preferred routines to ensure all staff would understand how to support people and avoid distress or anxiety.
- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. Weekly activity charts showed people were occupied with regular activities of interest to them. People were also supported to take holidays abroad if they wanted.
- Staff supported people to try new things and learn new skills. Some people had been supported to acquire new daily living skills which meant they were able to move on to more independent living.
- Staff were proud of how they supported people's independence. Positive comments from staff included, "I encourage people to learn new skills and enrol in college courses and try new things in the community" and "We make sure we are encouraging independence wherever we can. [Person] loves taking responsibility for doing certain chores around the house, so we make sure they can do as much of this as possible."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported. People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. A relative told us, "I believe that the staff do understand [family member's] communication needs."

- Staff told us how they used a variety of different communication methods to meet different people's needs. One member of staff told us, "We know how people communicate. Some people have their own personal Makaton signs which they use to communicate." Makaton is a method of communication which uses symbols, signs and speech to enable people to communicate.
- There were visual schedules in place to support people to plan their day.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to and used to improve the quality of care. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- The service was not providing end of life care at the time of our inspection.
- Some people had been supported to make funeral plans but not all people had been consulted about their end of life wishes. The provider had recognised this and had plans to make improvements.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders did not always understand how to meet regulatory requirements which impacted people's ability to have full choice and control.

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

- Despite many positive examples of safe and effective care the provider did not always understand all regulatory requirements and responsibilities.
- One of the supported living services was not being operated in line with national guidance as people's housing and support were not entirely separate. We found no evidence that this had negatively impacted people's experience of care, however, we asked the provider to resolve these issues to bring the service in line with national guidance and ensure people have real choice and control in all aspects of their lives. The provider has taken the necessary action and resolved the issues to ensure people's housing and support are truly separated.
- The provider's quality assurance processes had not identified the gaps in employment histories we found. We raised this with the provider and they have taken immediate action to resolve this and have obtained full employment histories for all staff.

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

- There was a positive and open culture at the service. We received positive feedback from people receiving care, their representatives, staff and external partners about the culture of the service. One relative told us, "I think that staff have developed a very good relationship with [family member] and are kind and compassionate."
- Staff felt respected, supported, and valued by senior staff which supported a positive person-centred culture. Comments from staff included, "Rathbone 's culture is fair and open as it is characterised by its collaboration, teamwork, and a sense of community. There is excellent communication and mutual respect between support workers, team leaders and managers" and "The managers listen to you and you can discuss things and make suggestions. I feel comfortable doing that."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

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 provider understood their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service.
- People who used the service were consulted about proposed changes and their feedback helped shape plans. The provider sought feedback from people and those important to them through a variety of means.
- Feedback about the service was sought during annual care plan reviews. There were also opportunities to attend feedback sessions in person to talk to senior staff and suggest ideas for improvement. The provider also facilitated meetings so people could actively shape decisions about the wider organisation.
- People who received care, regularly helped interview potential new staff. One member of staff told us, "I was very impressed with being interviewed by a panel with 1 client on it when I applied for this job."
- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and keep staff informed of relevant information.
- There was an organisational improvement plan in place which identified a range of goals and aspirations to improve the service.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals such as psychologists, physiotherapists and speech and language therapists. We received positive feedback from professionals who worked with the service. One professional told us, "I find working with them to be very professional and information sharing is done with absolute consent from the clients."
- The provider engaged in local and national quality improvement meetings with other organisations and the local authority, which aimed to improve care and support for people using the service and the wider system.