

House of Shan Ltd

R-H-P Outreach Services Ltd

Inspection report

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Date of inspection visit:
19 July 2017
04 August 2017

Date of publication:
04 September 2017

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

This inspection took place on 19 July and 4 August 2017. Our first visit was unannounced. This was our first inspection of the service since it registered with the Care Quality Commission (CQC) in August 2016.

R-H-P Outreach Services Ltd provides accommodation and personal support for up to five adults with mental health needs. The service was providing a female only service to two people at the time of this inspection.

There was a registered manager in post. 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.

People using the service said that the staff working at R-H-P Outreach Services Ltd were respectful and caring towards them. There was a relaxed and friendly atmosphere when we visited.

People were supported to have their health needs met. Staff worked with the person to access the GP and other local health services as appropriate to help make sure their individual physical and mental health needs were met. We saw that people's prescribed medicines were being stored securely and managed safely.

Assessments were in place that reflected current risks for people at the service and ways to try and reduce these. Support plans were regularly reviewed and updated to ensure the care provided met people's changing needs. Staff were aware of safeguarding procedures and appropriate recruitment checks took place before staff started work.

Staff received training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a system in place for dealing with people's concerns and complaints. People told us they knew how to complain and felt confident that the registered manager would respond and take appropriate action.

The registered manager understood their role and responsibilities and positive feedback was received from people and staff about how the service was run. There were systems in place to help ensure the safety and quality of the service 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. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety.

Is the service effective?

Good ●

The service was effective. Staff had access to training and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Is the service caring?

Good ●

The service was caring. People's privacy and dignity was respected.

Relationships between staff and people using the service were positive.

Staff provided care and support to people in line with their wishes and preferences.

Is the service responsive?

Good ●

The service was responsive. Staff were knowledgeable about people's care and support needs.

People were able to be independent and to pursue their own interests and hobbies.

People using the service felt able to raise concerns or complaints.

Is the service well-led?

Good 

The service was well-led. There was a registered manager in post. Staff felt supported in their role and said they did not have any concerns about the service.

There were systems in place to monitor the quality of the service and make improvements where needed.□

R-H-P 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 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 19 July and 4 August 2017. Our first visit was unannounced. The inspection was carried out by one inspector.

We spoke with two people using the service, the registered manager and one member of staff. Feedback about the service was provided by one involved health professional following our inspection visit.

We observed the care and support provided in communal areas and looked at the care records for both people who lived at the home. We looked around the premises and at records for the management of the service including health and safety records. We reviewed how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People using the service told us they felt safe and liked living at R-H-P Outreach Services Ltd. One person told us, "It's lovely, I do feel safe here."

An external health professional told us they were currently happy with the support given to their client.

The staffing levels reflected the needs of people staying there and people told us that there were enough staff on duty each day to support them safely. One person said, "They are around if I need them." Rotas showed that one member of staff was on duty during the day with a sleep-in staff staying overnight. It was noted that the rota did not fully reflect the planned staffing for the weeks ahead however the registered manager told us that this had been due to them awaiting confirmation of staffing cover over the summer holiday period. One staff member said, "I feel safe, you can contact the manager or the staff at the other home if you need to."

Both people using the service said they felt confident to approach the registered manager if they had any concerns about the support provided. Records confirmed that staff received training in safeguarding adults and knew how to recognise abuse. Safeguarding and whistleblowing policies were available for reference and these described how staff could raise any concerns about the service to the registered manager and other external authorities including the Care Quality Commission. The staff member we spoke to was confident the registered manager would listen to any concerns they raised if they suspected a person using the service was at risk of abuse.

The service identified and managed risks to people's safety to help keep them safe. Assessments were completed that identified any risks to people's health and wellbeing with support plans put in place to manage these where required. For example, one person's assessment documented risks if they were to relapse and clear actions were recorded in a corresponding support plan to help keep the person safe. We saw that both the assessment and support plan were kept under review.

Medicines management in the service was safe. We saw medicines were kept safely and securely in a locked cabinet in the office. People using the service had medicines administration records (MAR) that were up to date. A small number of omissions were noted during our first visit however recording had improved by our second day of inspection. Records showed that staff received training to manage medicines safely. A care professional told us that their client was being supported safely to access their medicines and associated support services from the local GP.

The house was clean and well maintained when we visited. The registered manager carried out regular checks on the safety of the environment. Documented checks took place, for example, of the fire alarms and maintenance of the building.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for two members of staff. Each file contained evidence that criminal record checks had been carried out along

with employment references and evidence of proof of identity.

Is the service effective?

Our findings

People were happy with the support provided by the staff working at R-H-P Outreach Services Ltd. One person told us, "They're cool." Another person said, "They treat me nicely. Very helpful."

The registered manager and a small consistent team of staff worked at the service. One staff member told us they had opportunities for on-going training and there was an on-line system to make sure staff received relevant mandatory training. Records showed that staff had undertaken training across a number of areas including safeguarding adults, infection control and first aid. Staff also received training in topics specific to the needs of people using the service, for example, anxiety and depression. Staff confirmed they were supported by the registered manager both through regular formal one to one supervision meetings and day to day contact on shift. Records of supervision were kept addressing areas such as staff wellbeing, their job role and training and development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Both people using the service told us they were able to come and go as they wished. One person said, "I come and go as I please." They said staff encouraged them to share their plans for the day and to be back by 10 pm or, if later, to let staff know when they would be returning to the service. We saw both people using the service going out independently on the first day of inspection. Staff completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. They understood the need to get consent before they assisted people and respect their independence. There were no DoLS authorisations in place at the time of this inspection.

People were able to prepare their own meals and were given support as required to plan and prepare these on a daily basis. A person told us, "I do my own thing. I can get drinks when I want." Another person told us that staff encouraged them to cook and they were observed to go out to get their own shopping. Both people were seen to independently access the kitchen and prepare their own drinks during our visits.

People's health needs were met. Records documented the support given to one person to register with the local GP and to access an initial health check-up. Care documentation outlined the support people needed to help maintain their physical and mental health. Staff kept records about people's healthcare appointments and any action required.

Is the service caring?

Our findings

We asked people about the service and the staff who supported them. People said they liked living at R-H-P Outreach Services Ltd, that staff treated them politely and with dignity and respect. One person said, "The staff seem to care here." Another person commented, "They speak to me nicely."

The registered manager spoke about ensuring the ethos of the service was person centred and one which upheld people's dignity and privacy at all times. Their focus was on providing a personalised service to women in a smaller more homely environment. One person using the service told us that this was why they liked the service saying, "It's homely, they made me feel welcome." The registered manager was preparing a cooked lunch for a prospective new service user on the second day we visited as part of a phased introduction to the home.

Observed interactions between people and the staff supporting them were friendly and respectful. People looked relaxed and comfortable with the staff during our visits and they could choose what to do, where to spend their time and who with. People spent time in their rooms and went out independently in to the local community. Staff recognised the importance of upholding people's privacy and dignity. They were observed to knock on doors and make sure they had permission before entering people's rooms.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service. These included using people's preferred names, knocking on doors and making sure the person had their privacy when using the shared bathroom facilities.

Regular one to one sessions were taking place to discuss the support provided and obtain the views of people using the service. For example, we saw that the registered manager had met with a person after they moved in to check how they had settled into the home. Other records showed that people had been involved in discussing the support they required around their diet, activities and finances. We saw that people had been consulted in the planning and review of their support plans and had signed to say they agreed with the content.

We saw information about people was stored securely and confidentially.

Is the service responsive?

Our findings

The registered manager assessed people's needs to make sure the service could meet these before people came to live at the home. People were also given the opportunity to visit the service and stay overnight before they made a decision about living there. The registered manager told us that this process would be tailored to each individual. The assessments and information obtained during preliminary visits were then used to inform the support plan for the person.

Support plans contained information about people's needs and how staff were to support them. For example, information about people's mental health, their physical needs and independent living skills. Each area was broken down in to goals or aspirations with the steps and actions required for the person to fulfil these. The plan for one person addressed their planning and budgeting skills and how they were to be supported to prepare for independent living. It clearly set out the actions required by staff and this was reviewed with the person during one to one sessions. Further amendments could then be made to the support plan as necessary to respond to the persons changing needs.

Daily records documented the support people received. The registered manager had provided guidance for staff as to how these notes were kept in order to make sure that the information was detailed and of good quality. This helped to ensure the service could respond to any changes to people's needs and the support they required. Staff told us they also recorded important information in the communication book which they read and signed.

The service worked with local mental health teams to plan and meet people's care and support needs. Care records showed that the registered manager was in contact with responsible external health professionals to keep them up to date and discuss any issues or concerns. One professional told us that the registered manager had been supportive and professional with the person using the service, and had worked with them and the person to develop an effective collaborative support plan.

People were able to follow their interests and take part in activities of their choice. We spoke with a person who was about to go out to attend a support group at a centre and they told us that the home supported them to take part in activities and follow their interests. People's care records included information about their hobbies and interests and the support they required to pursue these.

People using the service felt able to raise any concerns or complaints. One person told us, "I feel that I can approach her [the registered manager]." Another person said, "They're approachable." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. We discussed adding details about how people could also contact the placing authority and the ombudsman with the registered manager at the time of inspection. There had been no complaints since the home opened.

Is the service well-led?

Our findings

R-H-P Outreach Services Ltd had a registered manager in post. 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.

People using the service were positive about the registered manager and the way the service was run. One person said, "She's a nice lady." An external health professional said that they had been impressed with the professional approach of the manager. Staff felt supported by the registered manager. They said that she was approachable and they could talk to her if they needed to.

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes seen included discussion around areas such as staffing levels and the needs of people using the service.

Systems were in place to record any incidents or accidents at the service although none had occurred since the service opened. Accident and incident reports were available for completion that documented the events, the action taken by staff and any further action required to minimise a reoccurrence.

The home had systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines to make sure staff were following the correct procedures and people were receiving their medicines as prescribed. The building was regularly checked to make sure that it was safe, clean and well-maintained. The registered manager also carried out regular audits on people's care records to ensure they were detailed, accurate and up to date.

Feedback was obtained through one to one sessions and on-going informal contact with people using the service. User questionnaires were also available and the registered manager told us that they would be used annually to more formally obtain feedback from people. These addressed areas such as dignity and respect, physical care, making complaints and the environment. We saw a form that had been completed by a person who previously used the service recording positive feedback about the service provided.