

# Outreach Community and Residential Services Domiciliary Support Team

## 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

About the service: Domiciliary Support Team is a domiciliary care agency registered to provide personal care to people with learning disabilities who live in their own homes and in five supported living settings. At the time of the inspection the service was providing personal care to 17 people in their individual homes and to 21 people in the five supported living settings.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. The service promoted choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

Everyone we spoke with was happy with the service. One relative told us, "The staff go over and above what is expected. The support is reliable, flexible and the care staff are really supportive to the person they support and the families too. They make a real effort to give my relative a really good quality of life."

People continued to receive a consistently good service and were protected from avoidable harm. The staff team were well-trained and in sufficient numbers to meet people's needs.

Staff supported people to engaged in work placements, college courses, volunteer work, fund raising and they regularly took part in sporting and community events.

Healthcare and social care professionals praised the staff team for monitoring people's healthcare and working together in partnership with them to promote people's health and general well-being.

The provider and the registered manager used a variety of ways to monitor the quality of the service and to involve people in the running of the service.

Rating at last inspection: At the last inspection the service was rated good (published 19 March 2016).

Why we inspected: This was a planned inspection to check that this service remained good.

Follow up: We will monitor as part of the inspection programme for a good service. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained good.

Details are in our Well-led findings below.

Good ●

# Domiciliary Support Team

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One adult social care inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service; they had cared for a relative with a learning disability.

#### Service and service type:

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. 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. This service also provides personal care to individual people living in their own homes. At the time of the inspection it was providing this type of care and support to 17 people.

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

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 24 hours' notice of the inspection visit to be sure the registered manager, staff and

people they supported would be available to speak with us.

What we did:

Inspection site visit activity took place between 08 and 15 April 2019. We visited the office location on the 10 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

Before our inspection we completed a planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service. As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority, professionals who work with the service and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We visited a supported living house and made telephone calls to people receiving a service and their relatives. During the inspection, we spoke with nine people who used the service. The nature of the disability of some people was such that it was not always possible to gain direct views about their experiences of the support provided. In those instances, we used observations of their interactions with the staff team and the non-verbal communication they relayed in order to assess how comfortable they were with the staff team. Other people were able to give direct accounts of their experiences.

We also spoke with the registered manager, registered provider, three senior managers and four members of support staff. We looked at six people's care records and a selection of medication administration records. We looked at other records including quality monitoring records, five recruitment files and a training matrix for all staff.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected and safeguarded from abuse by the well established systems the provider had in place. These adhered to the local authority safeguarding protocols. Appropriate referrals had been made so that allegations could be independently investigated in line with these protocols.
- Staff had all undertaken safeguarding training, completed regular refresher updates and were familiar with safeguarding procedures. Staff knew how to report concerns and were confident that the management team would act upon them.
- Staffing levels were sufficient to provide safe and individual care to people. People told us, "I trust all of the staff." And, "Staff keep me safe. I feel very comfortable with them in my house."
- The provider followed safe recruitment practices to make sure staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks to people were assessed and managed safely. The registered manager made sure these were individualised for each person with actions to support them in a safe way. These included details of the person's level of independence and risks in the environment.
- The provider had emergency procedures for keeping people, staff and others safe and they were regularly reviewed and updated as required. Staff had carried out personal emergency evacuation plans in the event of a fire.
- Staff were trained to follow good infection control practices, used personal protective equipment when carrying out personal care and followed cleaning schedules to help prevent the spread of healthcare associated infections.

Learning lessons when things go wrong; Using medicines safely

- The service had robust systems in place to monitor and learn from incidents and accidents. The registered manager checked records for any themes or patterns and took preventative actions to reduce any future risks.
- Where there had been errors made with recording of medicines, these were quickly identified and measures put in place to keep people safe.
- Medicines continued to be safely managed and the service used the good practice guidance, "Managing medicines for people receiving social care in the community." (National Institute of Clinical Excellence, 2018).
- Staff had regular medicines training and competency checks to ensure they had suitable skills to carry out the task safely.

# 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

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; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff were skilled at assessing people's health and care needs to make sure that the service could meet their needs. The information gathered included people's preferences, backgrounds, personal histories and any cultural needs. This meant staff knew people well and this helped them to provide person-centred care.
- Staff supported people to manage their health and well-being and were very effective in monitoring any changes to people's health. Where people required support from external healthcare professionals this was arranged, and staff followed the advice provided. One person told us, "The staff are good at spotting when I'm feeling a bit poorly and will call the doctor if I need one."
- A hospital passport was used to ensure consistency of approach across different settings and included people's medical conditions, medicines, allergies, personal care, communication needs and how to keep them safe.

Staff support: induction, training, skills and experience

- The staff team were well supported and had the skills and knowledge to meet people's needs. Staff told us they had access to a range of training which fully equipped them for their role. Comments we received about staff included, "They are very knowledgeable, they know their stuff." And, "I trust them, they know what they are doing."
- Staff received regular supervision which included feedback about their performance and this helped them to discuss any concerns, training and development. One member of staff told us, "There's loads of training about everything we need to know. The support is fabulous. I feel very happy working here, that's why I have been here so many years."

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

- People's care plans contained good information to support people to have a healthy diet. This included any risks associated with eating and drinking such as food allergies and the risk of choking.
- Staff had a good understanding of people's nutritional needs. They told us they would report any changes or concerns to the registered manager or a senior for further investigation by the appropriate health care professional.

Adapting service, design, decoration to meet people's needs

- The staff team were knowledgeable about accessing services so that people could have equipment and adaptations to their homes to keep them both safe and promote their independence.
- The office was suitable for the purpose being accessible for people with limited mobility and with good

facilities for staff such as a large training and meeting room.

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 with appropriate legal authority. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected. The service followed the MCA guidelines and regularly instigated, and were involved in best interest meetings to ensure people's capacity was assessed and they were supported to make their own decision, wherever possible. Staff recorded who was subject to any restrictions under Court of Protection.
- Staff had completed training in the MCA and had a good understanding of the principles of the legislation.
- People's records contained information to guide staff on how best to support people to enable them to make decisions and give their consent. The service regularly involved independent mental capacity advocates (IMCAs) to support people in making decisions.

# 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

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

- People were supported and treated with dignity and respect, and were involved as partners in their care. People talked very well of the staff and said they enjoyed spending time with them. They told us, "The staff are great and ask me what I want to do. They help me when I'm upset." And another person told us, "All the staff are nice and kind to me."
- One relative told us, "The staff are fabulous. They give my relative an interesting and active life. I always feel I can talk to them and they listen. They take the time to support our whole family. We have a laugh too."
- Staff had a sensitive and caring approach and understood the importance of protecting and respecting people's human rights. Staff documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.

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

- Staff recognised what was important to people and ensured they supported them to express their views so that they could maintain their independence. Staff understood people's communication needs. They could talk about people's preferences, routines and how best to communicate with them. People were given information in different formats particular to their needs.
- People and their relatives all confirmed they were supported to express their views in a variety of ways. They were fully involved in the reviews of their care plans, were supported to attend the organisations meetings and were regularly asked for their opinion on the running of the service.
- The registered manager made sure information was readily available about local advocacy contacts and people made good use of these. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence and autonomy was at the heart of the service's ethos. Staff were very aware of the importance of building self-esteem and demonstrated this in the way they interacted with people. Staff used positive language and expressed a desire to see people succeed and achieve goals.
- People told us their independence was encouraged. One relative told us, "The staff are all good at getting [relative] to do as much as possible. They encourage them to look after their home, do their laundry and shopping. They are very good at encouraging [relative] to take part in the community. They don't undermine or take over at all."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery. The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was a strong, visible and person-centred culture built on positive relationships with people. People's needs, including those related to protected characteristics as defined in the Equalities Act 2010, were clearly identified in care plans. Staff had received training in equality and diversity.
- Staff were committed to maintaining and developing interests which were important to people and which helped prevent them from being socially isolated. Staff supported people to gain employment, college places and carry out volunteer work. One person told us, "I get staff to take me to discos, night clubs and the cinema. I love it. We went to a Ball and got dressed up, and a limo came to pick us up." Another person told us, "Staff help me go on holiday. I'm planning on going to Florida next."
- The service ensured people had the information they needed in a way they could understand it, and this complied with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- The provider and registered manager had an open approach to working with people when they had complaints or concerns. They were explored thoroughly and responded to in good time in an open and transparent way, with no repercussions. Where complaints were upheld, the registered manager or provider wrote to complainants to apologise, outlining actions taken to avoid future reoccurrence.
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. People we spoke with were happy with the service they received and had no complaints.

End of life care and support

- The provider had systems for end of life care to be provided to people they supported. There was no one currently at the end of life. However, the service had supported people in the past and worked with them, their relatives and other health professionals to coordinate end of life care.
- People were supported to make decisions about their preferences for end of life care and staff empowered people and relatives in developing care and treatment plans.
- Staff had received training in end of life care called the six steps programme, this promotes best practise in end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-organised and there was a clear staffing and organisational structure. The provider and registered manager used a variety of systems and methods to assess, monitor and improve the quality of the service. The organisations board was given monthly reports based on these audits with the actions taken and lessons learnt. This helped to identify good practice and check improvements had been made.
- Everyone we spoke with was very positive about how the service was run and organised. A relative told us, "This is the best agency we have used. It's very reliable, the staff are well trained and capable. I have full faith in them. It's a fantastic service and has been life changing for my [relative]."
- The registered manager understood their role in terms regulatory requirements and when notifications should be sent to CQC to report incidents.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- The service had a positive culture that was person-centred, open, inclusive and empowering. Leaders, managers and staff had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. One relative told us, "The agency are very good like that, very open. We get to the bottom of things and sort it out."
- Health and social care professionals spoke positively about the service. One professional told us, "I have found staff and managers very supportive and go above and beyond what is required to support customers and their families. They are transparent when issues arise. They are amenable with following advice and want the best for the people they support and can achieve this were other care providers have been unable."

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

- There was a strong emphasis on continually striving to improve. The provider used current good practice for supporting people with a learning disability from the National Institute for Health and Care Excellence and Building the Right Support guidance.
- People were involved in or consulted about the running of the service. Staff supported people to attend the organisations board meetings, public engagement meetings and to be part of interviews and selection panels for new staff.