

Outreach Community and Residential Services

Outreach Community & Residential Services - 86 Meade Hill Road

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:

Outreach Community & Residential Services – 86 Meade Hill Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both premises and the care provided, and both were looked at during this inspection. The home provides care and accommodation for up to five people who have learning disabilities or who have autistic spectrum conditions. At the time of the inspection there were five people living at the home.

People's experience of using this service:

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

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. The outcomes for people using the service reflected the principles and values of registering the right support. This was because people's support focused on them having choice and control and as many opportunities as possible for them to gain new skills and become more independent.

Care records were person centred. Care and support was organised around each individual and their needs and wishes.

People's life history and preferences were respected. People told us their individual beliefs, as well as their Jewish religion and culture, were respected.

Staff interacted with people in a kind, friendly and respectful manner. The atmosphere was relaxed and there was lots of laughter and gentle banter. Staff and managers knew people really well and showed genuine fondness, compassion and understanding for the people who lived at the home.

Staff received the training and support they needed to carry out their roles effectively. Staff members had been safely recruited and there were sufficient numbers of staff to provide people with the person-centred support they needed.

Risks were well managed. Medicines were managed safely. Staff helped people to stay healthy and promoted their wellbeing.

People had access to a wide range of community based activities which met their social, recreational and cultural needs.

The registered manager had a clear vision of what the service should be. They were committed to ensuring people were respected as individuals, had opportunity for ordinary life experiences and that their independence was encouraged. Staff we spoke with shared this commitment.

Everyone was very positive about the registered manager and the way the service was organised and run.

Audits of the service, company policies and procedures and staff practice all helped to evidence how the service was meeting the regulations. The quality assurance records that we saw demonstrated how the registered manager maintained good oversight of the service.

Rating at last inspection:

At our last inspection, published in August 2016, we rated the service as good.

Why we inspected:

This was a planned inspection based on the last inspection rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. 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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring 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 well-led

Details are in our Well-Led findings below.

Good ●

Outreach Community & Residential Services - 86 Meade Hill Road

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:

The inspection was undertaken by one adult social care inspector.

Service and service type:

Outreach Community & Residential Services – 86 Meade Hill Road is a care home that provides care and accommodation to people who have learning disabilities or who have autistic spectrum conditions.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 27 February 2019 and ended on 19 March 2019.

What we did:

Before the inspection we asked the provider to complete 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 what improvements they plan to make.

We also looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. They raised no concerns.

During our inspection we spoke with two people who used the service, the registered manager and two support workers.

We carried out observations in public areas of the home. We looked at two people's care records, a range of records relating to how the service was managed including medication records, two staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

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.

- People we spoke with told us they felt safe living at the home. One person said, "I feel very safe. If I had any worries I could go to the staff."
- People were protected from the risk of harm, abuse and discrimination.
- Staff had received training in safeguarding people from abuse and were confident if they raised any concerns they would be dealt with appropriately.

Assessing risk, safety monitoring and management.

- Assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being.
- Risk assessment guided staff on what needed to happen to promote the person's independence and prevent social isolation. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment used. Concerns or repairs were dealt with effectively.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service. These included; loss of utilities, outbreak of illness, fire and flood.

Staffing and recruitment.

- We found there was a safe system of staff recruitment in place. We looked at two staff files. They contained the necessary checks and documents to ensure fit and proper people were employed. This included a check by the Disclosure and Barring Service (DBS). A DBS check helps to ensure that people are suitable to work with vulnerable adults.
- People told us that there were always sufficient numbers of staff to meet their needs. Staff rotas we looked at confirmed staffing numbers were provided consistently.
- The provider had a regular bank of staff who covered for staff leave and sickness. This helped ensure continuity of care was maintained
- The service had policies and procedures to guide staff on what was expected of them in their roles.

Using medicines safely.

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. Stocks of medicines we checked were accurate. Medicines were stored safely and securely.

- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

Preventing and controlling infection.

- The home was visibly clean and there were no unpleasant odours.
- Records showed that staff had received training in infection prevention. There were robust systems in place to prevent the spread of infection or disease.
- Suitable facilities were in place for the laundry of people's clothes. Some people washed their own laundry, with staff support where needed.

Learning lessons when things go wrong.

- There was an accident book to record accidents and incidents that occurred to people who used the service and to staff.
- Managers of the service reviewed the action taken to identify any patterns or lessons that could be learned to prevent future occurrences.

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.

- Care records included information about people's wishes, choices and the support they needed.
- Care records were detailed and included what might make the person upset or angry. They described how staff would know if the person was becoming upset. They guided staff to things they should try that helped the person to become calm. We saw that records were kept of any incidents and staff and managers looked at what happened and what could be done to try to prevent future incidents.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed.
- People were supported to have maximum choice and control of their lives.
- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Staff we spoke with told us how they ensured people were involved in decisions about the care and support they received.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- We saw all new staff completed an induction to the service which was in line with the 'Care Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care.
- Records showed staff completed a range of training the provider considered mandatory. Staff were positive about the training provided. One told us, "It's really good. It's not just the mandatory training. If I wanted something extra, they would just sort it."
- The provider had an out of hours on call service if staff need to speak to a manager for advice. Staff told us they felt supported and could always speak with a manager if they wanted. They told us they had very regular

contact with the registered manager. One staff member said, "I feel very supported. Any problems I can just go to [registered manager]."

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

- We found people's nutritional needs were met. Food was stored and prepared safely.
- Care records included guidance to staff on the support people needed such as; cutting their food up so that they could eat independently.
- People who used the service chose each week what food to purchase and cook. People were involved in shopping for and preparing food. One person told us, "I go shopping with staff. I can get what I want."

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

- People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GPs, podiatrists, opticians and dentists.
- Care records included a 'Health Action Plan' (HAP). This contained important information about health care professionals involved in a person's care and what the person needed to do to maintain and improve their health. It also guided staff on how best to prepare someone for health appointments, so that they would understand why they were going.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety.

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

- Communal areas of the home were in need of redecoration. The registered manager showed us that agreement for the work had been given by the landlord and the work would start within the next three months. One person we spoke with said, "I can't wait to have the house decorated. We are having it all decorated and new flooring."
- Rooms were spacious and contained pictures and photographs of things that were important to people. People chose the décor of their bedrooms. One person showed us their bedroom, it was beautifully decorated and furnished. They told us they had chosen everything.

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.

- During our inspection we observed staff interacted with people in a kind, friendly and respectful manner. The atmosphere was relaxed and there was lots of laughter and gentle banter.
- People told us the staff were very nice and they enjoyed living at the home. One person told us, "I love living here. The staff are nice. I am very happy. We have a laugh and a lot of fun together."
- Staff and managers knew people really well and showed genuine fondness, compassion and understanding for the people who lived at the home. Staff members said, "Its good here. I like the service users, time goes really quickly. There is always something different happening" and "The best thing is I know everyone." One person who used the service said, "I know all the staff and they know me."
- People were treated as individuals. Their life history and preferences were respected. People told us their individual beliefs, as well as their Jewish religion and culture, were respected.

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

- People told us they were involved in decisions about their care and in reviewing the support they received.
- Care records gave staff information on how people communicated. This included information on people's non-verbal communication such as what individual's gestures and facial expressions meant. Staff we spoke with were aware of people's non-verbal communication and showed they respected each person's communication method.

Respecting and promoting people's privacy, dignity and independence.

- During our inspection we found that managers and staff were committed to promoting and maintaining people's independence. To help maintain and improve people's independence, some people who used the service were involved in keeping the home clean, we saw they enjoyed doing this.
- Care records contained very detailed information about what each person could do for themselves and what support they needed from staff.
- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.
- We observed staff knocking on people's bedroom doors and asking permission to enter before going in. One person was cleaning their bedroom, we saw they took great pride in this and it took them quite some time. Throughout, we saw staff gave the person encouragement and gave them the time they needed to do it, without doing it for them.

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.

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

- Care records we reviewed included detailed risk assessments and care plans. These identified people's background, preferences and needs. These records were up to date and clearly stated how staff should support each person.
- Records included an "all about me" document and a pen picture. These had lots of detail about what was important to and for the person, their likes and dislikes. They contained people's life histories and detailed their interests and hobbies.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw that, if needed, important information was available in large print, pictorial, easy read and written format, which was easy to follow. These included health and consent documents.
- The staff were committed to maintaining and developing interests which were important to people and which helped prevent them from being socially isolated. One staff member said, "It's great here. It's not just the care. It's all the things outside of that, all the social activities."
- People had access to a wide range of community based activities which met their social, recreational and cultural needs.
- We saw that people had said they wanted to go on holidays in the UK and abroad and they were supported to do this.
- The provider also ran a social club for anyone who used their services. Each month a timetable of events was sent to people and they could choose if they wanted to take part. We saw activities included; swimming, cinema bowling and a disco.
- People were supported to develop life and independence skills.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service and that the service had a very positive approach to supporting people as individuals.

Improving care quality in response to complaints or concerns.

- There was a complaints procedure and system in place to log any complaints received.
- People who used the service knew how to make a complaint. One person told us they had no complaints and said, "If I had any I would go straight to [registered manager]. Without doubt she would sought it out."

End of life care and support.

- Staff had received training in end of life care. The home was a member of the six steps programme, this

promotes best practise in end of life care.

- Care records we reviewed identified if the person had specific wishes about how they wanted to be cared for at the end of their life.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- We found the service to be very person centred. Care and support was organised around each individual and their needs and wishes.
- The registered manager had a clear vision of what the service should be. They were committed to ensuring people were respected as individuals, had opportunity for ordinary life experiences and that their independence was encouraged. Staff we spoke with shared this commitment.

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

- People were very positive about the registered manager. They spoke about her with genuine affection. One person said, "She is one in a million, top notch. She is a fantastic manager." Staff said of the registered manager, "She's really good, really fair."
- Everyone we spoke with was very positive about how the service was run and organised. One staff member said, "It's a nice place and its pleasant to work here. I like to come in." Staff also told us the provider 'Outreach' was good. One person said, "Outreach is a fantastic organisation."
- We found there were good systems of daily, weekly, monthly and annual quality assurance checks and audits. These were completed by the registered manager, staff on site and by other staff who worked for the provider. This included audits completed by senior managers who worked for the provider. We saw that audits were analysed to see if any action needed to be taken to improve the service provided.
- The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website

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

- Staff told us their views were listened to and acted upon. Regular team meetings were held.
- There was a system in place for gathering people's views about the service and how it could be improved. Weekly meetings were held with everyone who lived at the home.
- We saw there was a statement of purpose. This gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.

Continuous learning and improving care; Working in partnership with others.

- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- The home worked well with local authorities who commissioned the service and health care professionals to achieve the best outcomes for people and that people were receiving the support they needed.