

Outreach Community and Residential Services

Outreach Community & Residential Services - 118 Kings 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 - 118 Kings 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 four people who have learning disabilities or who have autistic spectrum conditions. At the time of the inspection there were four 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.

People felt safe and risks to people were managed effectively.

The service placed great importance on supporting people to maintain and develop interests which were important to them and which contributed to them living meaningful lives.

People told us their individual beliefs, as well as their Jewish religion and culture, were respected.

Promoting and maintaining people's independence was at the heart of the service.

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.

Medicines were managed safely and people were supported to ensure their health needs were met.

Care records were person centred. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was well led. People's needs and the care and support they received was reviewed regularly. Quality assurance systems were in place to monitor and continually improve the quality of the service

provided.

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 - 118 Kings 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 -118 Kings 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 4 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, the service manager and two support workers. We also spoke via telephone with one relative of a person who used the service.

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

Good: 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.
- 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 assessments were person centred and gave guidance to staff on how risks could be minimised and managed whilst promoting people's independence and opportunities. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Health and safety checks had been carried out. There was a programme of regular maintenance to the building and servicing of equipment used.
- 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.
- We found that whilst windows could be locked and needed a key to open them, once they were unlocked they could be fully opened without the need for a special tool. This posed a potential risk of people falling from heights. We gave the registered manager information relating to health and safety executive (HSE) guidance on the use of window restrictors. The registered manager confirmed risk assessments had been completed and no one using the service was currently identified as at risk. Following the inspection, they confirmed that new window restrictors meeting HSE guidance had been put in place.

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 service had policies and procedures to guide staff on what was expected of them in their roles.
- The provider had a bank of staff who covered for staff leave and sickness. This helped ensure continuity of care was maintained.

Using medicines safely

- There were safe systems in place for managing people's medicines. The 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.
- Where people wanted to be responsible for their own medicines we saw that appropriate assessments had been made to ensure it was safe for them to do so.

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.
- We looked at the systems in place for laundry. The service had a system for keeping dirty and clean items separate. People cleaned their own laundry, with staff support where needed.
- People who used the service were involved in keeping the home clean. We saw one person polishing furniture. They told us they really enjoyed doing this and showed us that when they had finished they signed the cleaning rota to say it had been done.

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.

Good: 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. We saw that people had been involved in providing this information.
- Staff received training in supporting people whose behaviour might be challenging to the service. Care records were detailed and included what might make the person upset or angry and how staff would know if the person was becoming upset, such as body language.

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. People were supported to have maximum choice and control of their lives.
- No one living at the home had a DoLS in place.
- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- We saw where they were able to, people had signed to say they gave 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 Standards 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 we spoke with said the training was very good. Staff could request additional training, such as about specific health conditions. One staff member said, "The training is marvellous."
- The provider had an out of hours on call service if staff need to speak to a manager for advice. Staff said

they could always contact managers for support if they needed. One said of the registered manager, "You can get hold of her whenever you need to."

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.
- People who used the service chose what food to purchase and cook. People were involved in shopping for and preparing food. One person said, "I pick what I want to eat."

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, dieticians, psychiatrists, opticians and chiropodists.
- 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. This also contained pictures to help people understand what it was about.

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

- The home was well decorated and well furnished. Rooms were spacious and contained pictures and photographs of things that were important to people.
- People chose the décor of their bedrooms.

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.

Good: 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 friendly, calm and respectful manner.
- People told us the staff were caring. They said, "The staff are nice", "[staff members name] is very nice", "People are well cared for, well looked after and are happy. The staff are very accommodating. Very friendly."
- Staff and managers knew people well and showed genuine compassion for the people who lived at the home. People were treated as individuals. One staff member said of their role, "It's about helping people so they can live a full and active life."
- Peoples life history, beliefs and cultural preferences were respected.

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

- People told us they were involved in developing their care records and in reviewing the support they received. One person said of staff, "They [staff] listen to me."
- Care records we reviewed gave staff information on how people communicated. This included information on non-verbal communication such as what people's gestures and facial expressions meant. One person's record said, 'When I am happy I clasp my hands together in excitement'. Another said, 'Use language that is easy to understand. Anything else you want to know, just ask me'.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we found that promoting and maintaining people's independence was at the heart of the service.
- We observed staff waiting respectfully outside someone's bedroom whilst the person was getting dressed and then waiting to be invited in.
- Care records contained very detailed information about what each person could do for themselves and what support they needed from staff. One stated that the person liked to go out by themselves but sometimes needed help picking the right clothes for the weather conditions. Another person's said they could do their own laundry but needed support when doing their ironing.
- 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.
- People told us they were happy and got on well with everyone they lived with. Comments included, "I get on with the people [who live at the home] and the staff" and "I like the house and the people."

Is the service responsive?

Our findings

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

Good: 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 important information was available in a pictorial and written format, which was easy to follow. These included health and consent documents.
- The service placed great importance on supporting people to maintain and develop interests which were important to them and which contributed to them living meaningful lives.
- People had access to a wide range of activities. People had access to a wide range of activities which met their social, recreational and cultural needs.
- People were supported to develop life and independence skills.
- People told us they enjoyed the activities they took part in. One person said, "I like to go out. I like to go out by myself. I go to town [Manchester], Cheetham and Bury."
- People took part in educational classes and voluntary work based on their interests.
- 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 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. They were confident if they had any concerns they would be dealt with effectively. One person said, "If I wasn't happy I would tell them [staff]."

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

Good: 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

- One person we spoke with said of the home and the way it is run, "It's fantastic."
- Staff told us they enjoyed working at the home. Staff told us, "I enjoy it", "It's a lovely, lovely home" and "It's not that I think it's a good service, I know it's a good service."
- We found the service to be very person centred. Care and support was organised around each individual and their needs and wishes.

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

- 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.
- Everyone we spoke with was very positive about the registered manager and the way the service was run and organised.
- Staff were very positive about the registered manager. They told us, "She is very honest and fair. I can speak to her. She is more than willing to talk to you", "She is bubbly, fair and someone you can talk to. If you have a problem you could tell her anything. She's lovely" and "If I have a problem she is always there to help me, she is a good listener."
- We found 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.
- 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 work 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's.
- 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. Staff told us they could put forward ideas for discussion.

- Regular meetings were held with everyone who lived at the home. Records we saw showed recent discussions had included holidays that people wanted to go on. We saw that staff had started to plan these trips with people.
- 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.