

Outreach Community and Residential Services

Outreach Community & Residential Services - 17 York Avenue

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 – 17 York Avenue 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 were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. People felt safe and risks to people were managed well, ensuring people's choices were respected.

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. Staff helped people to stay healthy and promoted their wellbeing.

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

Staff and managers knew people really well and showed genuine compassion and understanding for the people who lived at the home. People were respected as individuals.

Managers and staff were committed to promoting and maintaining people's independence, it was at the heart of the service.

The home was well led. 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 passion and commitment for

providing a good quality person centred service.

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 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 - 17 York Avenue

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 – 17 York Avenue 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 5 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 three 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

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 safe. I know where I am and I know what I am doing."
- 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.
- We found staff had a 'can do' attitude to managing risk. The emphasis was on what needed to happen to promote the person's independence and support someone to achieve their choices and goals. 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. 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.
- We found that whilst two 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. 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 service was administering medicines for one person. Records we reviewed were fully completed and the person 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. One person told us, "I do my own medicines. The staff explain what [medicines] they are if they are new."

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.
- People washed their own laundry, with staff support where needed.
- People who used the service were involved in keeping the home clean.

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. We saw that people had been involved in providing this information.
- 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.

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. People told us their consent was always sought. 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.
- 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 said, "If you have a problem you can talk it through. We have reflection time and team meetings" and "They [managers] are so happy to

help. They would rather you rang them."

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. People said, "Yes we choose our food. I am going shopping for mine today" and "They [staff] will support me if I need help with cooking."

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, opticians, dentists 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.

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, such as holidays and social events. We saw that in dining room and stairs the carpet was worn in places. The service manager told us that it was planned to replace it this year.
- 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.

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 and respectful manner.
- People told us the staff were caring and they enjoyed living at the home. They said, "It's nice, I like it here. I don't want to move. I don't want to miss all my activities", "[staff name] is very nice, I like her. All the staff are caring", "I think they do a wonderful job. I have only got praise for the staff" and "The best thing is the staff. They are lovely, you can have a laugh with them."
- Staff and managers knew people really well and showed genuine compassion and understanding for the people who lived at the home. One person told us, "The staff are nice. We know them." One staff member said of working at the home, "I love it. It's like being at home."
- People were respected as individuals. Their 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. Everyone living at the home was able to tell staff what they wanted. One person said, "The staff listen to you."

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, it was at the heart of the service. Staff members told us, "We promote people's independence. We would never want to de skill people. There is absolutely none of that here. Independence is just so important", "It can be as simple as being around when they are making phone calls, not doing it for them but just in case they need you." One staff member described how they had supported one person to complete a health service request on line. The person had completed it, but the staff member had explained to them what to do as they went through the form. One person who used the service said, "I like it here. I get my own independence."
- Care records contained very detailed information about what each person could do for themselves and what support they needed from staff. One record stated; 'I can clean and tidy my own room- please support me by carrying the hoover upstairs for me and helping me put the duvet over on.'
- 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.

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. One person had written their own life story so that staff knew their background.
- 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 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 which met their social, recreational and cultural needs.
- People were supported to develop life and independence skills.
- People took part in educational classes, pre-employment courses and voluntary work based on their interests. One person told us that staff had helped them to apply for voluntary work.
- 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.

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.

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.

- People spoke about the registered manager with great affection. People who used the service said, "She's a pest [and then laughed]. She is really nice. I am quite close to her" and "She is nice." ● Staff were very positive about the registered manager. They told us, "She is human. You can be honest with her. Because of how she is, you approach her with anything", "Anything you need doing; she is on it straight away. She does a really good job" and "She is absolutely wonderful. Absolutely brilliant. You can get hold of her at any time."

- Everyone we spoke with was very positive about the way the service was run and organised. One person said of the registered manager and service manager, "They are both very good. Lots of common sense. People are well looked after and I have every confidence in them." One staff member said, "It's definitely a good organisation. I enjoy what I am doing."

- 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 passion and commitment for providing a good quality person centred service.

- 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.

- Weekly meetings were held with everyone who lived at the home. We saw these were used to discuss things that were important to people. Recent meetings had looked at health and safety, fire evacuation procedures, food choices and quality within 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.