

Outreach Support Services Limited

# Outreach Support Services Limited

## Inspection report

First Floor 429-431  
Rainham Road South  
Dagenham  
RM10 8XE

Date of inspection visit:  
03 January 2019

Tel: 02085174672  
Website: [www.orservices.org](http://www.orservices.org)

## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

This inspection took place on the 3 January 2019 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, people living with dementia and adults with learning disabilities or on the autistic spectrum. Three people were using the service and receiving personal care at the time of our inspection.

At the previous inspection of this service in January 2018, we found they were in breach of regulations because assessments had not been carried out to determine people's needs and care plans lacked information about supporting people with personal care. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to address the breaches of regulations. During this inspection we found the service had addressed the issues and was no longer in breach of regulations.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Systems were in place to promote the safe management of medicines.

The service carried out an assessment of people's needs prior to the provision of care. This enabled the service to determine if it was a suitable care provider for each individual. Staff undertook an induction training programme on commencing work at the service and had access to regular on-going training to help them develop relevant skills and knowledge. Where people required support with meal preparation they were able to choose what they ate and drank. The service operated within the principles of the Mental Capacity Act 2005. The service supported people to access health care professionals.

People were supported by the same regular care staff so they were able to build good relationships. People were treated in a caring and respectful manner by staff and were supported to maintain their independence. The right to confidentiality was taken seriously by the service and staff understood the importance of this.

Care plans were in place which set out how to meet people's individual needs and these were subject to review. People were supported to engage in community based activities where that was part of their assessed need. The service had a complaints procedure in place and relatives knew how to make a complaint.

Relatives and staff spoke positively about the registered manager. Systems were in place for monitoring the quality of support provided at the service. Some of these included seeking the views of people who used the service. The registered manager networked with other agencies to help develop their knowledge and to improve the quality of support provided to people.

## 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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Systems were in place to reduce the risk of the spread of Infection. Medicines were managed safely.

Good 

### Is the service effective?

The service was effective. People's needs were assessed prior to the provision of care to determine if the service was able to meet the person's needs.

Staff undertook regular training to support them in their role and undertook an induction programme on commencing working at the service. Staff received regular one to one supervision.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

The service supported people to access relevant health care services.

Good 

### Is the service caring?

The service was caring. Staff had a good understanding of how to promote people's dignity, privacy and independence.

Relatives told us people were treated with respect by staff and that staff were friendly and caring.

Systems had been established to ensure confidentiality was maintained.

Good 

### Is the service responsive?

Good 

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

Staff had a good understanding of people's individual needs and how to support them. People were supported to access the community in line with their wishes.

The service had a complaints procedure in place and complaints were dealt with appropriately in line with the procedure.

### **Is the service well-led?**

The service was well-led. There was a registered manager in place. Relatives and staff told us they found the registered manager to be supportive and helpful.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

**Good** ●

# Outreach Support Services Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 January 2019 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to facilitate our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious incidents the provider had sent us. 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four members of staff. This included the registered manager and three support workers. We looked at two sets of records relating to people including care plans, risk assessments and medicines records. We checked three sets of staff recruitment, training and supervision records. Minutes of meetings were examined and we inspected the quality assurance and monitoring systems used by the service. After the inspection we spoke with two relatives of people who used the service by telephone.

## Is the service safe?

### Our findings

Systems had been established to help safeguard people from the risk of abuse. The service had a safeguarding adults policy which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. There was also a whistle blowing policy which stated staff should whistle blow to outside agencies where appropriate to do so. The registered manager and care staff were aware of their responsibilities for reporting allegations of abuse. One staff member told us, "I would report to my manager and the social worker."

The registered manager told us the service did not spend any money on behalf of people. The staff handbook stated that staff were not permitted to receive gifts from people or be involved in their wills. This helped to protect people from the risk of financial abuse. The registered manager told us there had not been any allegations of abuse since our previous inspection and we found no evidence to contradict this.

Risk assessments were in place for people. These set out the risks individuals faced and included information about how to mitigate those risks. They were personalised based around the risks each person faced. They covered risks associated with medicines, moving and handling and nutrition.

Where people exhibited behaviours that challenged the service there were risk assessments in place about this. The service had worked with the local authority learning disabilities team to develop guidelines about supporting one person when they became anxious or upset and staff were aware of how to support that person in line with the guidelines. The registered manager told us no physical restraint was used in supporting people and staff confirmed this.

The service had enough staff to support people. The registered manager said there had not been any missed appointments since our previous inspection and relatives confirmed this. Both staff and the registered manager said there were no significant concerns with staff punctuality. Staff told us if they were running late for a visit they phoned the office to inform them, who in turn phoned the person or their relative. The registered manager was able to monitor that staff arrived on time and stayed with the person for the full amount of time paid for. This was done through electronic monitoring whereby the staff logged in and out of each visit with the use of a telephone. The registered manager told us the expectation of staff was that if they arrived late to a visit they would work late to ensure the person received the full amount of time paid for. We checked the electronic monitoring records which showed staff were rarely more than a few minutes late for appointments. A relative told us, "As far as I know the staff are reliable and punctual."

The service had robust staff recruitment practices in place. Staff told us and records confirmed that pre-employment checks were carried out on staff before they began working with people. One staff member said, "I had to do a DBS check and they spoke with the previous company I worked for." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed checks carried out on staff included employment references, proof of identification, proof of the right to work in the UK and criminal records checks. This meant the service sought to employ people who were suitable.

Arrangements were in place to promote the safe management of medicines. A policy was in place which provided guidance on the obtaining, administering and recording of medicines. Relatives we spoke with said medicines were given as appropriate. One relative said, "When [person] comes to stay with us they [staff] always give their medicines. They are very good at making sure [person] takes their medicines."

Medicine administration charts were used which included the name, strength, dose and time of medicines and these were signed by staff after each medicine had been given. This meant there was an audit trail to help monitor medicines were given appropriately. We checked a sample of completed charts and found they were up to date and accurate. The registered manager told us they checked completed medicine charts but made no record of this. We discussed this with them and they said they would implement a system to record that they had checked completed medicine charts.

Systems were in place to help reduce the risk of the spread of infection. There was an infection control policy which stated staff were expected to wash their hands before and after supporting people with personal care, in addition to wearing protective clothing. Staff confirmed they wore protective clothing, one staff member said, "We have to make sure the home is kept in a way that is fit for human dwelling. We 100% wear gloves." We saw there was a good supply of protective clothing stored at the office.

Incidents were recorded and reviewed to learn from them. For example, one person left their home and was missing. The service reviewed the circumstances that led to this and care plans were reviewed. The issue was discussed with all relevant staff during a team meeting and training was provided. This meant steps had been taken to reduce the likelihood of a re-occurrence of the incident.

## Is the service effective?

### Our findings

At the previous inspection of this service in January 2018 we found they were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to carry out an assessment of people's needs to determine how best to support people in a person-centred way. During this inspection we found this issue had been addressed. Records showed an assessment of need had been carried with people and their relatives where appropriate. The registered manager said, "Since the last inspection we visit and do the initial assessment. The local authority sends us an email asking if we can provide a service. We then arrange a visit to the service user and we speak with their family." Assessments covered needs including those related to medicines, personal care and behaviour.

Relatives told us the service was effective and able to meet people's needs. One relative said, "[Person] seems happy, you can tell they are happy. Most of the staff, [person] calls by name, which gives one the impression [person] is happy in their company." Another relative said, "There is a personal touch. My [relative] has dementia and the carers who come in are trained, they have an understanding in that."

Staff were supported to develop knowledge and skills relevant to their roles. New staff undertook an induction programme on commencing work at the service which involved classroom based training and shadowing experienced staff to learn how to support individuals. Staff had access to on-going training. Records showed this included training about health and safety, fire safety, moving and handling, safeguarding adults and food hygiene. In addition, training was also provided that was relevant to working with individuals. For example, a member of staff told us, "One of my service users has epilepsy so I did a course on that."

Staff engaged in regular one to one supervision with the registered manager. Staff told us they found this helpful. One staff member commented, "We meet in the office once a month or once in two months. We talk about my work and the clients." Records showed supervision included discussions about team work, training and issues relating to people who used the service.

The service supported people to eat a healthy balanced diet. The service had worked with one person and their relatives to produce a weekly menu plan which had enabled the person to achieve a more appropriate weight in terms of their general health. Staff told us they supported the person to make healthy food choices, but added if they chose a less healthy option on occasions this was respected. One member of staff said, "When food is put in front of [person], if they don't want it they will not touch it, so that helps us to know what [person] likes." Relatives of another person told us the service always encouraged their relative to eat and promoted them to do so as independently as possible.

The service worked with other agencies to support people. For example, they worked with GP's, pharmacies and local authorities to ensure people's needs were met. The service provided 24 hour full time support to one person. To help ensure the person's health care needs were met a health action plan was in place. This included details of what support the person required from health care professionals and the service was

responsible for ensuring appointments were made and attended with relevant professionals. Records confirmed that this was done. A 'Hospital Passport' was also in place for the person. This provided information to hospital staff in the event of the person being admitted to hospital. It included information about their medicines, allergies, medical history and communication needs.

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.

The registered manager told us the service did not carry out mental capacity assessments on people. They said if required these were done by the local authority and we saw records confirmed this. Staff understood how to support people to make choices over their daily lives, for example in relation to what they wore or ate.

## Is the service caring?

### Our findings

Relatives told us staff were caring and treated people with respect. One said, "They are kind." Another relative said, "They know [person's] routine, they know them, well. They try to encourage their independence."

The registered manager told us they tried to ensure the same regular staff worked with people and that if there was a change of staff, they always tried to get a replacement who had previously worked with the person. This helped staff to get to know people and their needs, in addition to helping to build trusting relationships between people and staff. Relatives confirmed they had the same regular staff. One relative said, "We have a set of three carers and that is settled for the past six to nine months."

The registered manager said they sought to match staff with people based on skills, and where appropriate, gender. Staff told us they sought to get to know people by talking with them and showing an interest in them. One staff member said of a person they worked with, "They like to talk about their day, what they did at the day centre. They like me to help them spell words, so we get on well." Another staff member said, "I talk with [person], I ask them what they want. 99% of the time they will want to talk about [the staff member named a specific interest the person had]. The other thing they enjoy is getting involved in cooking."

Staff understood the importance of promoting people's dignity and privacy and told us how they did this. One said, when providing support with personal care, "I make sure that we are the only people in the room. I tell them what I want to do so they know what is happening." Another staff member said, "First of all I get [person] to the bathroom before they take their clothes off. I will give them the sponge and say 'wash under your armpits' and I will do the actions myself to show them. I will wash their back but I will always ask them and tell them what I am going to do." The same staff member added, "We always put our service users first. We go above and beyond to ensure their needs are met." A third staff member said, "We make sure the doors and blinds are closed. We have to get permission, we ask what they want us to do." On promoting choice, the same staff member told us how they helped a person to choose what they wore, saying, "We take [person] to the wardrobe, we give them a shirt and say 'do you want to put this on'. If they don't want it they will reject it."

Care plans set out what people were able to do for themselves and what they required support with, which helped to promote their independence. They also included personalised information about supporting people with their communication needs. For example, the care plan for one person stated, "Use verbal communication with hand gestures. Allow time for my responses as I need to process things. I normally respond when given enough time. I get frustrated when I get ignored and not given enough time to respond." The service used pictures with one person to help support them to communicate and make choices about their daily lives, such as what activities they wished to take part in.

Relatives told us that staff came from a similar cultural background to people and this helped them to understand the person's needs. One relative said, "They are respectful. They have a similar background, they are aware of [relatives] traditions." The registered manager confirmed this, saying, "We look at faith. If staff

know about the faith of people." People receiving support with personal care were supported by staff of the same gender. This was in line with their wishes. The registered manager told us none of the people using the service at the time of inspection identified as LGBT, but added, if someone did, "We would work with the person to meet their needs, there would be no discrimination based on sexuality."

People's confidentiality was respected. There was a policy on confidentiality which stated that if staff disclosed information about people without proper authorisation to do so they could be subject to disciplinary proceedings. Staff we spoke with understood this and the value of respecting people's personal information. One staff member said, "The confidentiality of the service user is very important. We don't divulge any information about them to an unauthorised third party." Confidential records held by the service were stored in locked cabinets and on password protected electronic devices which helped to promote privacy for people.

## Is the service responsive?

### Our findings

At the previous inspection of this service in January 2018 we found they were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not personalised and did not include information about how to support people with their personal care needs. During this inspection we found these issues had been addressed.

The registered manager told us, "In terms of the care plans we had a comprehensive review. I personally attended a training course on care planning and visited other services who had good reports and looked at their care plans." We saw that care plans were in place which set out how to meet individuals needs in a person-centred way. For example, the care plan for one person stated, "Staff will supervise you while eating to ensure you do not choke as you tend to rush when eating." The care plan on medicines support for another person stated, "Staff to give [person] time to swallow their medication one by one. Sometimes it can take them 30 minutes to take their medication." Care plans covered needs including personal care, health and behaviours that challenged the service.

The registered manager told us care plans were reviewed every six months and records confirmed this. This meant they were able to reflect people's needs as they changed over time. Daily records were also maintained which made it possible to monitor support provided on an on-going basis was in line with people's assessed needs.

Relatives told us the service was responsive to people's needs and they were satisfied with the support given. One relative said, "I believe they are providing a good level of service and we are happy with them." Another relative said, "Overall we have been with them for three years and it's been very good."

In addition to personal care, the assessed needs of one person included supporting them with community based activities. Their care plans included details of this and a relative told us the person was able to choose what they did, saying, "[Person] is asked what they want to do. There are things they enjoy, like swimming and going to the park and the staff act upon that." We saw photographs of the person engaging in various activities including swimming, visits to restaurants, day trips, the park and shopping centres, which were in line with their care plan.

Relatives told us they had not had to make any formal complaints but knew how to do so should the need arise. One relative said, "I've no complaints. If I had to raise anything that was concerning me, [registered manager] is very good at listening and putting forward solutions."

The service had a complaints procedure in place which included timescales for responding to complaints received and details of who people could contact if they were not satisfied with the response they received from the provider. People were given their own copy of the procedure to help make it more accessible to them. The registered manager told us there had not been any formal complaints made since our previous inspection and we found no evidence to contradict this.

Records of compliments were kept. We saw one relative had sent an email to the registered manager which stated, "Thanks for the update about [person's] health review. It is a credit to you that they look in such good health."

The service did not provide support to anyone with end of life care needs at the time of our inspection.

## Is the service well-led?

### Our findings

Relatives told us the service was well-led and that the registered manager was responsive to their needs. One relative told us, "I speak to [registered manager] several times a month about any issues." Another relative said, "If there are any concerns [registered manager] jumps on it straight away. Whenever there have been any issues they have dealt with them."

The service had a registered manager in place and staff spoke positively about them. One staff member said, "They are a good manager, very supportive. Any time you pick up the phone they are always there." Another staff member said, "They are supportive. Even if you do something wrong, they do not scold you, but support and direct you so you can improve." A third staff member said, "They are a professional manager, their leadership is encompassing. They are always free to discuss issues with you. They offer extra support that the staff need to improve their performance. We are a very good team and we work together effectively."

Staff also told us there was a positive working culture at the service. One staff member said, "So far its good, very good teamwork. I have not had any problems." All staff were issued with a copy of the Employee handbook. This included key terms and conditions and guidance, for example in relation to hand washing techniques, confidentiality and safeguarding. This helped ensure staff were clear about the expectations of them as employees.

Various systems were in place for monitoring the quality of care and support provided. Feedback surveys were given to people and relatives. We looked at completed surveys which contained mostly positive feedback. For example, one relative had written, "Very caring staff and fast response from management." A second relative wrote, "They come on time and are helpful and reliable. The manager is quick to take on board any comments on how to improve the service."

The registered manager carried out spot checks to monitor the quality of support staff were providing to people. A staff member said of these checks, "First of all [registered manager] checks the service user's welfare, they check the home to see everything is in good order. They interview the staff on duty. They inspect all the records to make sure they have been done." The registered manager said of spot checks, "They are done unannounced, at different times. I check if staff are wearing a uniform and have their ID badge. I check the records. I sit with the staff and talk to them." Records confirmed spot checks took place and showed they covered staff punctuality, politeness and consideration, knowledge and skills and respect shown for the person using the service

Staff told us and records confirmed that regular staff meetings were held. One member of staff said, "All the staff, we meet. We bring out our views and talk about the things we need to support us." Minutes of staff meetings showed they included discussions about people who used the service, report writing and safeguarding.

Staff and the registered manager also communicated electronically. Staff member said, "We have a

WhatsApp group so if we have any information it is easily disseminated." The registered manager told us, "When I have any information or news I can share it with the WhatsApp group."

The registered manager told us they worked with other agencies and organisations to share and develop best practice. The provider was a member of the UK Homecare Association which is a trade body for home care providers. They were also affiliated with Skills for Care. The registered manager said they provided training and updates on the care sector. The registered manager also worked with relevant local authorities and attended the registered managers forum run by the local authority they were based in.