

Outreach (Sefton) Limited

Outreach Sefton Ltd

Inspection report

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Date of inspection visit:

15 November 2023

21 November 2023

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01 January 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Outreach Sefton Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 48 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines were not always managed safely. Records were not always accurately completed when medicine support needs had changed or when people chose to refuse medicines. Improvements were also needed to the rostering system and the oversight of care calls to ensure people were receiving their full plan of care.

Recent changes in management arrangements had impacted on the quality of some aspects of the service. The provider, who was also the registered manager, was committed to making changes and had developed a clear plan to address any shortfalls.

Other aspects of people's care were safe. Risk assessments and appropriate care plans had been developed to meet people's needs. Staff were recruited safely.

People were involved in developing their care plans which were person centred and changes were made as people's needs changed. Communication needs of people were identified. People's social and cultural needs were also considered when developing and agreeing care plans.

Staff felt supported, told us they received the training they needed, and they enjoyed working for Outreach Sefton Ltd. The provider worked with other professionals and organisations to ensure positive outcomes were achieved for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 16 January 2019).

Why we inspected

We undertook a focused inspection to review the key questions of safe, responsive and well-led only.

The inspection was prompted in part by the notification of a death of a person who used the service. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared

with CQC about the incident indicated potential concerns about the management of risk of pressure area care. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from the concerns about pressure area care. However, we did identify improvements were needed in other areas. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Outreach Sefton Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to effective management oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Outreach Sefton Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 November 2023 and ended on 29 November 2023. We visited the location's office on 15 November 2023 and 21 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 3 people who used the service and 1 family member. We also spoke with a further 2 people who used the service and 1 family member on the telephone about their experience of the care provided.

We spoke with 4 members of staff including the registered manager, who was also the nominated individual, the clinical manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff deployment was not always safe. We received mixed feedback about the timings and length of some care visits. One family member told us they suspected staff did not always attend a person's teatime calls. Another person told us calls could be shorter on an evening.
- We reviewed how attendance to care calls were monitored. We could not be assured people were always receiving their planned visits because there were no systems to alert the management team if a call was missed, running late or was shorter than the person's plan of care set out. The registered manager was also unable to maintain full and effective oversight.

Systems had not been established to demonstrate safe delivery of care through consistent care calls. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they had purchased and had started to implement an electronic system which would enable the effective monitoring of the time and duration of care calls.

- Although we identified areas for improvement, people did tell us they were happy with the care staff who attended, they had consistent care staff and they were given prior notice of who would visit. Comments included, "The carers are excellent" and, "I get a rota the Friday before. If it changes, they will ring [to let me know]."
- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.

Using medicines safely

- Medicines were not always managed safely.
- Accurate records were not always maintained. Changes in people's medicines care needs were not always updated on the medication administration records (MAR) in a timely manner. For example, 1 person had started to self-administer their own prescribed creams, however, they were still recorded as being a responsibility of the care staff.
- We received the records of a person who would regularly refuse a particular medicine. Staff were not recording this correctly and there were numerous gaps on the person's MAR which suggested staff had not offered them all their prescribed medicines. Through conversations with the person, and their family member we were assured this was not the case, however, records did not support this.

- Staff did not always have detailed written guidance to follow for those people who had medicines prescribed on an 'as required' basis.

Systems had not been established to effectively monitor the records completed with regards to the administration of prescribed medicines. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they had started a review of people's medicines records and were arranging refresher training for all staff.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing. A small number of care plans needed to be updated, as the person's care package had recently been reviewed. This was addressed straightaway.
- People told us they received safe care and told us staff would contact other services if needed. A person commented, "[The care staff] would stay with me and call the doctor if I was unwell."
- Risk assessments were also in place for people's home environments; indicating potential hazards to others such as the risks to staff of pets or passive smoking and how this would be mitigated.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Records were maintained of safeguarding investigations undertaken.
- There was a system in place to record, monitor and review accidents and incidents.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff used personal protective equipment (PPE) such as gloves, aprons and facemasks when providing personal care.
- Staff told us they had access to adequate supplies of PPE and were able to explain when and how this was used.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care which reflected their needs and preferences. Social and cultural interests of people were considered when developing care plans.
- People were supported by regular staff who knew people well. We were told meaningful relationships had been formed. Comments included, "I can hear [Name] having a laugh and joke with staff" and, "[The care staff] take time to get to know me as a person and always ask if there is anything else I would like them to do."
- People were able to choose their preference in terms of the gender of care staff who supported them. One person told us, "I asked for female carers. I have had one male carer turn up and explained I didn't want that and only been female since."
- Care plans were reviewed on a regular basis and updated in response to changes in people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of people were assessed and reflected in care plans.
- Information about the service was available in alternative formats.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints. This was made available to people through the service user guide.
- People confirmed they knew how to raise concerns and felt confident any issues would be addressed. A person commented, "I would report to the office and feel comfortable to do this."

End of life care and support

- At the time of the inspection, nobody was being cared for at the end of their life. Where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of their care and training was available for staff.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems to monitor the quality of care being delivered were in place, however, these were not always effective. Systems had failed to identify the shortfalls regarding call visits and medicines.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. However, in recent months there had been some temporary management changes. During this period not all records had been submitted to CQC in a timely manner. During this inspection we reviewed records and saw these were now up to date.
- Following a serious incident which had occurred, the registered manager had worked with a commissioning local authority, undertaken a review of the quality of the service and had identified several areas for improvement. An overarching action plan for the service had been developed.
- When a potential failing in care had occurred, the registered manager had contacted all relevant parties and demonstrated a clear understanding of their responsibilities under duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they received a person-centred service. Comments included, "Nothing that I would change at all. I am really happy with the service I receive," "All the staff that come out are very caring people" and, "[The care staff] are all great."
- People confirmed that they were encouraged to offer feedback about the service through regular contact and surveys. Feedback from people was collated to identify how this feedback could drive improvements across the service.
- Staff also felt supported, enjoyed their job, spoke positively about the registered manager and about working for the provider. We were told, "I feel like it is a good company to work for."

Working in partnership with others

- The registered manager and the staff team worked closely with other agencies and professionals to ensure good outcomes were achieved for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to demonstrate safe delivery of care through consistent care calls.</p> <p>Systems had not been established to effectively monitor the records completed with regards to the administration of prescribed medicines.</p> <p>Regulation 17(1) (2)(a)(b)(c)</p>