

Autism Initiatives (UK)

Outreach Teeside

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

This inspection took place on 6 and 8 November 2018 October and was announced because Outreach Teeside provides personal care to people with a diagnosis of autism and/or learning disabilities in their own homes.

Not everyone using Outreach Teeside received a regulated activity. The Care Quality Commission (CQC) only inspected the services being received by people provided with 'personal care'; help with tasks related to personal hygiene, nutrition and medicines. 15 people were being supported with their personal care by the service at the time of this inspection. Seven people were living in their own homes with their families and eight people were living in 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

We rated the service as good at its last inspection. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. Positive feedback was received about the leadership and management of the service. Staff received the training and support they required to be effective in their roles. Sufficient staff were employed to meet people's needs. Recruitment policies minimised the risk of unsuitable staff being employed.

Risks to people were assessed along with the actions staff should take to reduce the risks identified. Staff knew how to safeguard vulnerable adults and were aware of the action they should take if they had any concerns. Medicines were managed safely. However, improvements could be made to how recordings were made on medicine administration records to make records easier to read. People living in supported living houses were encouraged to carry out their own health and safety checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, some additional work was required in the recording of best interest decisions where people were unable to make their own decisions. Staff supported people to maintain their health and access healthcare services when needed.

People's independence was promoted. People accessed a range of community and leisure facilities. Staff respected people's rights and maintained their privacy. Relatives and people told us staff were caring. Support was planned and delivered based upon people's support needs and preferences. Staff knew the people they were supporting very well.

People and their relatives told us they knew how to complain if it was needed. A governance system was in place to monitor the quality of the service. However, information regarding the actions that had been taken following issues identified within audits was sometimes difficult to locate. The registered manager told us they were aware that this was an area that required further development.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has improved to good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good.

Outreach Teeside

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 comprehensive inspection took place on 6 and 8 November 2018. We gave the service 48 hours' notice of our inspection because it is a small service and we needed to be sure someone would be available to assist us with the inspection. Inspection activity started on 6 November 2018 and ended on 8 November 2018. It included visiting the service's office, visiting people in their own homes with their permission and telephone calls to relatives. The inspection was carried out by one inspector.

Before our inspection, we looked at information we held about the service. Due to technical problems, the provider was not able to complete a 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 took this into account when we made the judgements in this report. We reviewed the information we held about the service, such as the notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Outreach Teeside. During the inspection we spoke with two people who receive personal care from the service and four relatives of people using the service. We looked at three plans of support and three people's medicine records. We spoke with seven members of staff, including the registered manager who acted as an area manager, two managers of different parts of the service, one senior support worker and three support workers. We looked at four staff files, which included some recruitment records. We also reviewed a range of records involved with the day to day running and quality monitoring of the service.

Is the service safe?

Our findings

At this inspection we found the service had improved from being rated requires improvement to good in the safe domain. At the last inspection we highlighted that staff had not had their competency to manage and administer medicines regularly assessed. We also found that where people required medicines to be stored at a certain temperature records were not kept of this. At this inspection we found these issues had been addressed.

People told us they felt safe. One person told us, "Yes, I feel safe." Relatives told us they had confidence that staff kept people safe. One relative told us, "They know what they are doing."

Risks to people's safety were assessed and actions were taken to minimise the risks identified. People's risk assessments covered a range of areas such as community access and swimming. Risks had been regularly reviewed. Support plans included clear information about how staff should respond to people if their behaviour started to put themselves or others at risk. General risk assessments for tasks carried out by staff had also been completed, such as for the use of electrical equipment.

Safeguarding and whistleblowing policies in place to help protect people. Staff received training in how to safeguard vulnerable people from abuse. They knew what to do should they identify any concerns.

Recruitment checks were carried out before staff started work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults. There were sufficient staff to meet people's needs. Senior staff were on call out of hours for staff on duty to contact if support was needed.

Staff told us they received the personal protective equipment they needed such as gloves to help prevent the spread of infection.

Contingency plans were in place should the service be disrupted, for example if telecommunications failed. The provider monitored accidents and incidents. We were provided with examples which showed the provider had learned from incidents and made improvements.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective. One person told us, "They [the staff] are good." One relative told us, "Staff are very knowledgeable around issues relating to autism."

Staff received the training they needed to support people well. A range of training was provided to staff in areas the provider deemed mandatory including basic first aid and medication awareness. Staff also received training to build up their specialist skills in working with people with autism and learning disabilities such as autism awareness. Staff provided positive feedback about the training they received. New staff received an induction and shadowed existing staff until assessed as competent and confident to work independently. Staff told us they felt supported through supervision meetings with the management team and could approach them if they required support. Team meetings took place and staff confirmed they could raise any issues they may have at these.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. In the community, applications must be made to the Court of Protection. The service had managed these appropriately. Staff demonstrated awareness of the MCA and understood the importance of seeking people's consent before providing care. We identified however, that one person required the use of a harness to keep them safe in cars. The person lacked capacity to make this decision for themselves but a best interest decision had not been recorded around the use of the harness by staff. The registered manager provided us with evidence following the inspection that this work had been undertaken.

Prior to providing a service the provider assessed each person's needs, and used this to identify the areas of support. People's plans covered a range of areas such as getting on with people and leisure. Plans were regularly reviewed. One relative told us that the service had been very effective in supporting their relative. They told us "[Name of person's] speech has come on leaps and bounds, they [the staff] know what they are doing." Staff supported people with their health needs. People had a hospital support plan which showed how a person could be supported if they had to go into hospital. We saw examples which showed the provider worked in partnership with other agencies such as GP's and community nurses to support people with their health needs where required.

Staff told us that the base used by the company was not ideal as some people supported by the organisation spent some time there. The registered manager told us that they were looking at finding an

alternative office location.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People told us staff were caring. One person said of staff, "They are nice." Relatives spoke very highly of staff who supported them and told us they were caring. A relative told us, "They are brilliant, [person] loves the staff to death." Another relative told us, "Since the last inspection there have been improvements in the service."

Staff showed they understood people's wishes and support needs well. For example, staff told us how one person communicated by tapping their chest. This matched the information held in the person's plan of support.

Staff understood the importance of people's right to have privacy and their dignity upheld. People in supported living settings told us staff gave them space when they needed it. One person said, "They help me but don't tell me what to do." The provider made information on advocacy services available to people should they need support from an independent source.

Staff promoted people's independence and ensured where they could be people were involved in all aspects of daily living, such as shopping, cooking and cleaning. Support was provided flexibly in line with people's needs. People living in the supported living schemes were supported to maintain relationships and have contact with family and friends. Staff showed an understanding of the importance of making people feel valued.

Staff completed equality and diversity training. Information about people's diverse needs were recorded in people's files and the provider had a policy on equality.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive. Feedback from the relatives we spoke with showed the service was responsive to people's needs. One relative told us of the company, "They are flexible."

The provider had developed a support plan for each person, which gave staff information about how to support the person in line with their individual needs and preferences. Support plans were person-centred and regularly reviewed. Where people may go into crisis comprehensive positive behaviour plans were in place to reduce the risk of situations escalating. Support plans included details of people's desired goals. For example, one person's goal was to be able to travel further in a car than they had been able to manage to do so. Staff were supporting them to achieve this.

People accessed community facilities such as leisure centres, shops and cafes.

As people lived with their families or in single supported living settings group meetings were not held. However, one person told us that they had recently had a meeting with their staff team to discuss issues that had arisen and they found the meeting very useful.

End of life procedures were in place should they be needed. At the time of our inspection no one was receiving end of life care.

People and their relatives told us they would feel confident about raising any concerns or complaints, should they have any. One relative said, "I can go to the manager if I have any problems." Details of complaints and their learning outcomes were documented. The service's complaints procedure was available in an easy read version for people if needed and the provider ensured people had information on accessing advocacy services if needed.

Is the service well-led?

Our findings

At the last comprehensive inspection we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

The service had a registered manager. 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.

All the relatives we spoke with expressed great satisfaction with the service. They spoke very positively about the management of the service. One relative told us, "I'm very involved with the service, communication is good." Discussions with staff indicated there was a positive culture within the organisation. A staff member told us, "I love the ethos of the company it puts the service user first." The provider worked in partnership with other organisations and built links within the community by accessing many mainstream facilities.

The provider sought feedback from relatives by conducting surveys. We looked at the responses from these surveys and found that they were very positive. The registered manager told us that the people supported would not be able to complete survey forms however they were looking at ways to engage people more as an area of development.

The registered manager and provider completed regular checks to monitor the quality of the service provided. This included support planning, health and safety, medicines and the environment. The audits gave the provider and registered manager an overview of the service. This enabled trends to be identified and actions taken to address any shortfalls. We identified that in some areas the recording of the actions following issues being highlighted in audits and from surveys could be made clearer. The registered manager told us this was an area they would look at developing.

Regular staff meetings took place. Minutes of these meetings showed that staff could raise any support needs they had. Team meeting minutes covered areas such as staff changes, progress reviews and safeguarding.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.