Lambeth Elfrida Rathbone Society

The Rathbone Centre (Outreach Service)

Inspection report

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Date of inspection visit:
19 January 2016

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

We carried out this unannounced inspection on 13 and 19 January 2016.

The Rathbone Centre provides support, including personal care, to people with learning disabilities through domiciliary care and supported living services.

The service has a registered manager in post at the time of the inspection. 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.

People felt safe. The provider identified risks to people and had up to date plans to keep them safe from avoidable harm. Staff understood how to recognise signs of abuse and what they would do if they suspected it. The provider followed robust recruitment procedures to ensure that staff supporting people had the necessary skills, attitude, experience and background to safely do so.

People were asked for their consent to the care and support they received. The provider met the requirements of the Mental Capacity Act 2005. Staff knowledge and skills were subject to on going evaluation and improvement through supervision and training. People's nutritional needs were met and the service supported people to access health and social care services.

Staff were caring and respectful towards people and their homes. People's dignity was maintained and choice was promoted. The service supported people to access advocacy services to make choices.

People were supported to participate in a range of activities they choose. The provider established a number of groups and held a number of events to prevent social isolation. People's care plans detailed how they would like their needs met and people were supported to pursue their interests and hobbies.

The provider sought feedback from people, relatives and staff and acted upon it to improve the quality of care and support people received.

Staff spoke highly about the registered manager and said he was approachable and supportive.
Health and social care professionals were complimentary about the care and support people received from the provider and praised the management of the service.

The registered manager had effective quality monitoring systems in place to ensure the quality of service provision was maintained and improved.

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 was safe.

People were protected from harm by detailed risk assessments which were regularly reviewed and updated.

Staff knew the provider's safeguarding procedure and their individual responsibilities to protect people from abuse.

The provider assessed the suitability of staff before they started their roles.

Is the service effective?

Good

The service was effective.

Staff received the support, training and supervision they required to meet people's needs effectively.

The provider operated in accordance of the Mental Capacity Act 2005.

People were supported to access healthcare services in a timely manner as their needs required.

Is the service caring?

Good

The service was caring.

Staff were friendly and caring towards people.

People and their homes were treated with respect by staff.

Staff maintained people's dignity and supported their independence.

People were supported to access advocacy services to assist with decision making.

Is the service responsive?

Good

The service was responsive.

People received individualised, person centred care.

Care plans detailed how people wanted to receive their support and were regularly updated to reflect changing needs.

The provider acted upon feedback from people and relatives to improve service quality.

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and operated an open management style.

Staff felt supported and listened to.

The provider had effective quality assurance and information gathering systems in place

The Rathbone Centre (Outreach Service)

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 13 and 19 January 2016 and was carried out by one inspector.
The provider was given 48 hours' notice because the location provides a domiciliary care service.

Prior to the inspection we reviewed the information we held about The Rathbone Centre, including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with four staff, a team leader and the registered manager. We reviewed documents relating to people's care and support. We read the care plans, risk assessments and medicines administration records of 11 people. We looked at documents relating to staff and management. We read personnel files, training records, supervision notes, shift rotas and team meeting minutes.

We read the provider's quality assurance information and audits. We looked at complaints and feedback from people given during spot checks and in surveys.

Following the inspection we spoke with eight people and two relatives and we received feedback from four health and social care professionals.

Good

Is the service safe?

Our findings

People felt safe. One person we spoke with told us, "The staff keep me safe and make sure things are always ok." Another person said, "I feel safe with my support workers." A relative told us, "The staff are skilled and the organisation is good so I am sure [person's name] is safe."

People were protected by safeguarding policies and procedures that staff were familiar with. Staff we spoke with had a clear understanding about different types of abuse and what they should do if they suspected it. A healthcare professional told us, "The staff respond to any safeguarding concerns in a prompt and sensible manner." When safeguarding concerns had been raised the provider notified the appropriate authorities. A senior told us, "We discuss each safeguarding case with the local authority and they decide who will investigate. Some cases can be resolved by internal investigation and we report the results."

The provider followed safe recruitment and selection procedures to ensure staff were suitable and safe to work with people. Staff files showed that following the submission of acceptable CVs prospective recruits were invited to a first interview. The registered manager told us, "At the first interview we look at experience and attitude through basic questions. Those that pass complete an application and attend a second interview which is more thorough." Successful applicants are subject to pre-employment checks before being offered a position by the provider. These checks included two references, confirmation of identity, permission to work and screening by the Disclosure and Barring Service (DBS). The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults.

People told us there were sufficient staff to meet their needs. One person told us, "I have support when I need support. Maybe two hours today maybe six tomorrow. Depends what I'm doing and how they can help me". A member of staff said, "Staffing levels are determined by care packages. Everyone receives one to one support and the number of hours is decided by social workers and local authority commissioners." People were supported by small teams of regularly staff to ensure continuity of care. A relative told us, "We like it that [person's name] has the same staff It means they know straight away when something is wrong and take steps to put it right."

People were supported by comprehensive risk assessments. These individualised documents were written with people and identified specific risks and how they should be managed. For example, one person who could cross roads independently paid less attention when accompanied by staff. The person's risk assessment directed staff to prompt the person to look both ways before crossing the road. Another person's risk of food poisoning was mitigated by a plan to check food with staff at each session and discard items that were out of date with the person's consent.

Risk assessments were regularly reviewed and updated when needs changed or following an analysis of incidents. We read in one person's file that an analysis of falls revealed they were most likely to occur when the person was excited or upset. The risk was managed by staff monitoring the person's mood and prompting them to slow down. For another person the risk of behavioural incidents was reduced by staff

avoiding talking about a number of particular subjects. This meant people were kept safe by the identification of risks and the regular review of plans to manage those risks.

People received their medicines safely. A relative told us, "Staff make sure [person's name] takes their meds and doesn't forget. They sort out the repeat prescriptions and deal with the GP and chemist. It's impossible for [person's name] to manage without staff." A member of staff said, "I had medicines training. I feel confident. I don't administer medicine though, I prompt people to take it and record that they have." The level of support people required to receive their medicines was stated in care records. Senior staff audited people's medicines including a review of medicines administration record (MAR) charts. This meant people were supported by staff to take the right medicines at the right time and the process was reviewed by monitored by managers.

People's safety was discussed at a bi-monthly health and safety group. The group was comprised of people, staff and managers and reviewed events and plans. For example the provider had contingencies for severe weather which would be triggered by a Met Office weather alert. The provider's heatwave plan included distributing an easy read NHS booklet to people, phone checks to people and increased visits based upon risk. This meant the provider planned for emergencies and involved people in keeping themselves safe.

Good

Is the service effective?

Our findings

People told us the staff supporting them were knowledgeable and skilled. One person told us, "I am impressed. The staff know a lot and know what to do." Another person said, "The staff are very good at supporting me." A relative told us, "Every member of staff I have met has been good at their job. You can tell they are well selected and trained."

New members of staff progress through a detailed seven week induction programme before working with people. One member of staff told us, "The first week of induction was office based reading files and being coached by managers. Then I shadowed staff for six weeks. It was very thorough." Another member of staff said, "When I finished my induction I knew I was ready to work with people. Reading about peoples likes and dislikes and then shadowing staff accelerated the building of trust."

People were supported by staff who received training to keep their skills and knowledge up to date. A healthcare professional told us, "The management team provide their staff with good training and supervision; as a service they make good use of the training provided by the Estia Centre [an NHS training, research and development resource for people who support adults with learning disabilities]." Staff explained to us how their training was comprised of mandatory and refresher training to maintain skills, for example first aid training to expand their knowledge base. One member of staff said, "The autism training was brilliant because it helped me understand people's speech and communication. It meant I knew how to adapt my speech to be better understood by someone with the spectrum disorder."

Staff told us they had regular one to one supervision meetings with their manager to discuss the care and support being delivered. One member of staff told us, "In my supervision we look at day to day practice. We talk about people's needs, administration, paperwork and my training requests." Another member of staff said, "Supervision is invaluable for getting ideas from managers particularly about people who are difficult to engage." We read supervision records which showed managers giving staff clear direction about the actions to take following supervision to support people. For example one member of staff was told to arrange a review for a person with a psychiatrist following a discussion about behaviour changes. This meant staff were supported by managers to meet people's needs effectively.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. The provider had a policies and procedures in place regarding the MCA and DoLS and staff received training to ensure they understood the principles and practice of the legislation. A member of staff told us, "We always presume capacity and we always seek explicit consent." Another member of staff said, "Consent is like people having ownership and control of their own lives so it is crucial to the support relationship I share with them."

Care records showed mental capacity assessments and best interests meeting were undertaken with social workers. For example one person was supported with a best interests meeting about a dental procedure

under general anaesthetic. Another person who was assessed as lacking capacity around a specific issue was supported by the service, a social worker and advocate to access the court of protection. This meant the service operated within the principles of the MCA.

Physical restraint was not used by the service to manage behavioural support needs. People were supported with individual strategies to keep them safe. For example one person's records noted that they become anxious when their routine was disrupted and this may lead to outbursts. To meet their needs staff were guided to speak with the person in a calm voice, explain what will happen next and encourage the person to repeat it. A healthcare professional told us, "Staff at Rathbone often work with service users who are considered 'challenging' or hard to reach and I have been impressed at how compassionate and caring they remain, often in the face of difficult circumstances."

People's communication was assessed during their initial assessment and reviewed. Care plans detailed how people's communication needs should be supported. For example one person was supported to use objects of reference to make choices . Another person was supported with pictorial symbols to aid their understanding, whilst other people were supported with fluency strategies to address their stammers. A member of staff told us, "We know about people's communication from their assessments, from working with people, from training we do and by working with the speech and language therapists. They give [staff] really clear guidelines on how best to communicate with people."

People were supported to meet their nutritional needs in line with their care plans and assessments individually in their homes. A member of staff said, "The support people gets varies. It depends on their care package which in turn depends on their needs. For example one person might need a reminder whilst another person needs practical assistance to make each meal." People told us staff supported them to make meals and drinks of their choice. One person said, "[Staff] make me lunch and I eat it and they make me something for later and I eat that. We talk about what I want to eat so I like it when I eat it." Another person said, "It's good fun cooking together. We laugh a lot." We read menus that reflected individual cultures and personal preferences.

Care records stated risks associated with eating or drinking. The registered manager told us, "Where we have swallow safety concerns speech and language therapy deliver dysphasia training to ensure staff have the skills to manage choking and aspiration risks." A member of staff told us, "We record what people have told us they have eaten and drank and we record what we observe too."

People were supported to access healthcare services as and when they needed. One person told us, "Staff arrange appointments very nicely and we go together and they tell me to tell the doctor what I think and don't be nervous." A relative said, "[Person's name] regularly gets to see staff from the healthcare profession. Rathbone staff keep good records about what happens at appointments and when the next is." A member of staff told us, "I support people to attend an array of appointments from the GP and dentist to OT and psychologist. It is important that people leave appointments clear about what took place and what will happen next".

Good

Is the service caring?

Our findings

People spoke positively about the relationships they shared with staff and told us the staff were caring and kind. One person said, "The staff are great. They are always friendly and they care.". Another person told us, "They [staff] are nice and kind to me." A relative told us, "All of the staff I have met have been professional and clearly into what they are doing. You can't fake that amount of care."

Staff knew people well and knew what was important to each person. Each member of staff we spoke with told us about the backgrounds, interests and hobbies of the people they supported. For example a member of staff explained the communication needs of one person and how important the body language and facial expressions of staff were when speaking with the person. One healthcare professional told us, "Rathbone do their best to match their staff to the needs of the service users, I have observed many positive and beneficial relationships develop between workers and their service users, with workers often appearing to go 'above and beyond' in the support they provide."

People were supported to make choices. Records showed that people were supported with advocacy services to help with some decision making. Advocacy services are independent of the provider and the local authority and support people to communicate the views and preferences. For example one person was supported by an advocate through a best interests meeting to discuss options for health treatment.

People's privacy was respected. One person told us, "The staff are humble in my home. They are respectful to me and my home." A relative said, "I think the staff are very polite. They remove their shoes when they enter and always speak respectfully to me and [person's name]. A member of staff told us, "I am always mindful that I am in someone's house. I ask 'can I sit down' and 'is it ok to take this phone call' before I do". In one person's care records staff were instructed "If [person's name] does not respond to the intercom, staff should phone them but under no circumstances should they go to the flat door and knock". This meant people's choice and privacy were respected.

Staff protected people's dignity. We read in one person's care records that they were at risk of self-neglect. The care plan stated, 'staff should be sensitive and seek [person's] consent to discuss the issue.' A member of staff told us, "When I support [person's name] in the community, they can use the toilet without assistance, but I need to give them a very discreet reminder to wash their hands". This meant people's dignity was supported while their independence was maintained.

Good

Is the service responsive?

Our findings

People received care and support which was personalised.. The service provided people with one to one support to achieve outcomes which were stated in their care plans. Outcomes included improving health, home environment and personal hygiene. People chose when to receive the hours of support commissioned by the local authority.

People we spoke with shared examples of the personalised support they received. One person said, "I told staff I want a job. Staff helped me with a CV and got me an interview." Another person told us, "The staff help me with bills and letters and shopping and cooking." Staff explained how the support they delivered was person centred. One staff member said, "The people I support are just completely different. They have different personalities and different interests so support has to be personalised. Swimming, cooking, college and drama are just a few of the activities people want to do". Another member of staff told us, "I have supported people to participate in historical re-enactments and model making." A healthcare professional told us that the provider had "supported a person for a full day so they could attend the Pride parade in London".

The provider took steps to counter the risk of social isolation that people with learning disabilities living independently may face. The registered manager told us, "In addition to supporting people to participate in social activities of their choice we have also created three non-statutory groups which we fund. These are 'Come dine with me' which is a cooking and eating social group, a gardening project and an Over 25's Club." One person told us, "The over 25 Club is wicked. I laugh too much. Everyone goes. I love it."

Peoples changing needs were supported by staff. Records showed that support was adjusted when people's abilities decreased as well as increased. For example when one person's behaviour indicated a possible deterioration in their mental health a referral was made to health and social care professionals and staff delivered care in line with the person's risk management plan. A member of staff said, "We have regular small meetings about the care and support for individuals. These are focused and specific and helps us evolve our care plans to meet changing needs." From these meetings care plans had been updated to include staff actions, for example prompts and reminders. One person told us, "I got locked out once. It was bad news. Now staff remind me all the time who my key ring volunteers are in case it happens again."

The provider actively sought and responded to the views of people. The registered manager told us, "Service user consultations are undertaken twice a year. The results are invaluable to us as responding to them effectively directly relates to peoples' satisfaction." We read feedback from people who wanted to have photographs of staff on their rota to aid with recognition. This was subsequently done and colour photographs were made available for those who preferred them to black and white pictures of staff.

People were also asked for their views by senior staff in regular spot checks. One person told us, "A manager phones and says 'how are you [person's name] are the staff nice? Are they on time? What do they support you with?' and I tell them." People were asked for their views in a survey about staff timekeeping. The results were followed up by the registered manager with spot check phone calls to people. Records showed that

one person was concerned that a member of staff was late. Staff files showed a team leader addressed the issue with the member of staff during supervision. This meant the provider acted on feedback to improve to support people received.

We reviewed 23 complaints. We found each was investigated in line with the provider's complaints policy. The rationale for upholding, partially upholding and not upholding complaints was detailed in each case and this was conveyed to complainants.

Good

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable. One person said, "[the registered manager] is a really nice guy. He always listens, he always smiles." One member of staff told us, "It is important to feel supported by managers and I do. I can comfortably discuss people and get feedback on how I work. I couldn't ask for a better manager." Another member of staff said, "I really like working here because the staff are listened to by the management."

Staff told us they felt confident in the leadership abilities of the manager and team leaders. One member of staff said, "The management team have decades of experience and they worked their way up from support workers. That gives me confidence that they can emphasise with staff and understand the people we support." Another staff member said, "The managers really care about the organisation, the people and the staff. They are caring towards staff and want us to be caring towards people." Staff were clear about their roles and the expectations that the registered manage had of them.

Staff said they felt listened to by the registered manager and told us they found the staff conferences and surveys beneficial. Staff received a newsletter from the provider and attended cluster meetings to discuss people's support. One member of staff said, "Communication is taken seriously by the management. We [staff] are given a mobile phone and an email account to keep us informed daily. We go up to the office a lot too." Another member of staff said, "If I email managers about a person I will never have to wait for as long as 24 hours for a response and they will give me a number of practical suggestions."

Staff told us they felt supported by the registered manager with their personal development. One member of staff told us, "English is not my first language. When I discussed my developmental needs with my manager he agreed for me to have time to go to college to study English in social care. That has been good for me and good for the people I support." Staff confirmed they felt supported by the registered manager following behavioural incidents. Records showed staff met with the registered manager following incidents and were encouraged to openly discuss their feelings and anxieties about what occurred. They also discussed potential triggers for behaviours, how the event could lead to updating risk assessments and the service's lone working policy.

The registered manager analysed accidents and incidents and took action to reduce the risk of recurrence. The registered manager submitted statutory notifications to CQC when required and discussed incidents with health and social care professionals. One healthcare professional told us, "The Rathbone work in Partnership with all the relevant people...many positive pieces of joint work have been carried out over the years… [I have] always found them to be a very positive service for people with complex needs".

The registered manager and senior staff conducted frequent audits of quality. We reviewed audits of health and safety, care records, training and medicines. Appropriate actions were taken to address any shortfalls identified during audits. This meant the provider made continuous efforts to improve the quality of care and support being delivered.