

Lambeth Elfrida Rathbone Society

The Rathbone Centre (Outreach Service)

Inspection report

8 Chatsworth Way
London
SE27 9HR

Tel: 02086704039
Website: www.rathbonesociety.org.uk

Date of inspection visit:
13 August 2018
04 October 2018

Date of publication:
31 October 2018

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

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

Not everyone using the services of The Rathbone Centre receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. There were approximately 70 people using the service at the time of inspection but only a small number were receiving support with 'personal care'.

The visits were announced and were carried out on 13 August and 4 October 2018. The provider was given notice because the location provides a domiciliary care and supported living service. We needed to be sure that someone would be in at the location office when we visited and we then arranged to go back to meet with people at the Rathbone Centre drop-in service to get their feedback.

The registered manager was about to leave the employment of the service and an acting service manager was in post who was in the process of registering with CQC. 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.

At our last inspection in January 2016 we rated the service as good. 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.

People were positive about the care and support provided by The Rathbone Centre. They told us they felt safe and that staff treated them with dignity and respect. They were happy with the support provided which was meeting their individual needs.

Training on the safeguarding of adults had been completed and the staff were aware of their responsibilities for keeping people safe from avoidable harm or abuse. Each person's needs had been assessed and any risks associated with their support were identified and monitored.

People were supported by staff who were trained and well supported in their job roles. Appropriate checks were carried out for people wishing to join the staff team. People using the service were involved in the recruitment process and new staff provided with an induction into the service.

People felt there were enough staff members suitably deployed to meet their current support needs. A new more flexible model of support had been introduced with support staff available at a drop-in centre for two days a week. Staff we spoke with were confident that they provided a good service.

Staff had received training in the management of medicines. People were supported to take their medicines as prescribed in a safe way.

People were able 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. People were supported to maintain their independence, follow their interests and take part in activities they enjoyed.

People knew what to do if they had a concern and felt confident to raise any issues with staff and managers at the Rathbone Centre.

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 remains 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.

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 checked 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.

One inspector carried out this inspection and site visit activity started on 13 August 2018 and ended on 4 October 2018. The provider was given notice because the location provides a domiciliary care and supported living service.

We spent the first day at the office of the care service. On the second day of the inspection we visited the drop-in service run by the Rathbone Centre.

We spoke with four people using the service. We also met with the acting service manager, the Head of Support Services and two staff members. We looked at records held in the office relating to people's support and the day to day running of the service. These included support plans (called work plans in this service), risk assessments, staff rotas, policies and procedures and recruitment records.

We also received completed CQC surveys from three people using the service and one relative.

Is the service safe?

Our findings

The service continued to help keep people safe.

People told us they felt safe when receiving care and support. One person using the service said, "I'm very pleased with the service. Yes, I do feel safe with them." Another person told us, "They treat me as an adult. They are very good."

People were protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. One person told us, "My previous care agency were not good. This lot are much better. They treat me with respect." Staff had received training in the safeguarding of adults and knew what to do to help make sure that people were protected. One staff member said, "I have had safeguarding training for both adults and children."

Systems were in place to identify and reduce the risks to people using the service. People's support plans included risk assessments that were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. These helped staff support people, safely promoting their independence whilst being aware of any risks. Areas addressed included fire safety, mobility, road safety and vulnerability whilst out in the community.

We saw there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by their support needs. A more flexible model of support had been introduced in consultation with people using the service and both people and staff reported that this was working well. A drop-in service had now opened two days a week where people came to receive their support and socialise with others. One person said, "It's very good." A staff member told us, "It's much better. People like it."

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) which help employers make safer recruitment decisions and prevent unsuitable staff being employed. People using the service were part of the interview panel and had set their own questions to ask prospective staff. For example, asking staff about the rights of people to make their own decisions.

People's medicines were being managed consistently and safely by staff. Medicines were being obtained, stored, administered and disposed of appropriately. Medicine records we looked at confirmed people were receiving their medicines as prescribed by their GP. Information on the assistance people needed was included in their work plan. Medicines were checked regularly to make sure they were correct and in line with the medicine records and the appropriate support was provided to people to help them remain as independent as possible. Staff were trained, observed and had their competency assessed to make sure people were supported safely in this important area.

There were systems to monitor accidents and incidents. Any themes or trends could then be identified and investigated further. Any learning was then used to make improvements in safety. For example, if additional

support staff or different ways of working were required to ensure people's safety.

Is the service effective?

Our findings

People continued to receive effective care that met their needs from trained and competent staff.

People's needs were assessed prior to them accessing the service. Individual needs were assessed and reviewed annually or when there were any changes. Work plans were person centred and detailed how to support the person effectively.

New staff were supported to complete a full induction programme which was tailored to the service lasting between four and 12 weeks depending on the person's experience. The service had started to implement the Care Certificate as part of their training for staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. New staff shadowed existing staff for a minimum of three to four weeks depending on their experience and confidence.

Staff told us they received appropriate training to undertake their job role and that this was kept up to date. One staff member told us, "I've done a lot of training. Mental Capacity, safeguarding. I'm booked on the medicines refresher soon."

A training co-ordinator was responsible for arranging training and auditing training records to make sure that staff are booked for refreshers as required. Mandatory training included safeguarding adults, the Mental Capacity Act (MCA), food hygiene, infection control, first aid and the administration of medicines. Other more specialist training was also provided where required, for example, around epilepsy and diabetes.

Supervision and appraisal were used to develop staff, review their practice and focus on their professional development. Records showed that staff were also supported through regular individual supervision sessions. In addition to these formal meetings, staff said they could approach senior staff informally to discuss any issues they had. One staff member said, "We regularly get together. We sit down and discuss any issues."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of clients who may lack the mental capacity to do so for themselves. The Act requires that as far as possible clients 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.

We checked whether the service was working within the principles of the MCA. Training in the MCA had been completed and the staff members we spoke with understood how it applied to their day to day support role. Staff spoke about supporting people to live as independently as possible and that they always sought consent before providing any care or support. The people we spoke with agreed telling us how they were able to be independent, make choices themselves and were provided with the support they wanted.

The service worked well with each person and involved health and social care professionals to make sure people's health needs were being met. Work plans addressed areas such as healthy eating and support with booking health appointments as necessary. Records showed, for example, people being helped to book an appointment for the dentist.

Is the service caring?

Our findings

The people we spoke with told us the staff were kind and caring. They said that their privacy and dignity was always respected. One person told us, "They are very nice to me." Another person said, "They're friendly."

Compliments recorded by the service included, "Thank you for being so accommodating and helpful" and, "You have been amazing at helping us when we were going through a difficult time."

The service matched people receiving a service with the right staff. Managers talked about ensuring the skills of staff matched well with people using the service. People using the service told us they were supported by a consistent group of staff who were familiar with their needs, daily routines and preferences. One person said, "I usually have the same support worker." Another person told us, "All of us get a rota in the post. They ring me if there is someone else coming."

Survey feedback from a relative told us, "We have always had excellent support and care from Rathbone. All new support workers are given a trial period with our special needs family member to ascertain if they will work well with each other. If our special needs family member 'does not like' a new worker then they are taken off the support rota."

Staff demonstrated a good understanding of peoples' needs. People using the service were relaxed in the company of staff and clearly felt comfortable in their presence. One person said, "They know me. They know my history." A member of staff commented, "We get to know people as individuals." Another staff member told us, "We know them all well. I would recommend it."

The induction process for new staff focused on dignity and respect as well as other core values of the service including providing support that was trusted and inclusive. Managers gave examples of how they had met the cultural and religious needs of people using the service. For example, recruiting staff who could speak the first language of someone who had used the service.

Each person had a work plan that was personalised including their support preferences and their likes and dislikes. For example, a summary we saw gave detailed information about a person's background and their individual health needs. The work plan then addressed how the person liked their health to be supported and their desired outcomes.

Is the service responsive?

Our findings

People continued to receive care and support which was personalised and responsive to their needs. They were now provided with a more flexible support model to achieve the outcomes as described in their work plans.

One person said, "It's much better" when describing their revised support package. Another person told us, "I come to the drop-in two days a week and have a support worker come on another day to help me with my letters and money." Another person commented, "The support worker checks the budget with me and we go shopping. I come to the drop-in and can phone if I need anything."

Compliments recorded by the service included, "I really appreciate the teamwork in ensuring [person's name] has the support they need" and, "I have appreciated you and your teams input and professionalism." A relative told us, "We have always had excellent support and care from Rathbone."

The staff we spoke with were knowledgeable about people's needs. Each person had a work plan which contained information on how their care was delivered. This included information about the person's likes and dislikes, their physical and emotional health and their communication needs.

When setting up the service, an initial assessment was carried out with the person and in consultation with other involved family and professionals as appropriate. This process established the person's support needs and what they would like to achieve. The information was then used to set personalised outcomes.

Work plans clearly detailed the outcomes each person wanted to achieve through their support with a clear focus on enabling them to do as much as they could for themselves. For example, helping people to manage their money and shopping and making their own meals. Records showed plans were reviewed to make sure staff had up to date information about people's support needs. Daily care records were completed by staff at the end of each visit. These recorded a summary of the support provided and information about any changes in peoples' care needs.

The service had a procedure in place to manage any concerns or complaints which was accessible to people, their representatives and other involved stakeholders. People told us they felt able to talk to a member of staff or manager if they had a concern or complaint. One person told us, "They listen." Another person told us, "I feel happy to talk to any of them." Records were kept of any concerns or complaints received with the initial response, any investigation taking place and the outcome. We saw an example where a person had made a concern known about their support with prompt action taken to resolve the issue for them. Their work plan reflected the changes made to their support.

Is the service well-led?

Our findings

The registered manager was leaving the employment of the service and an acting service manager was in post who was registering with CQC. 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.

A clear leadership structure was in place. The acting manager led the service supported by team managers and the drop-in centre team leader. An outreach manager was also being recruited following the acting managers promotion from this role.

Staff understood their role and responsibilities, were motivated, and had confidence in the organisation and acting manager. Both people and staff felt the service was well led and said the acting manager was open and approachable. A person told us, "The manager is nice to talk to." Another person said, "She's alright. I could talk to her." A staff member commented, "They are approachable. The organisation is very good – very supportive."

A relative commented, "I would highly recommend Rathbone to anybody who needs support for their family member. Rathbone have been especially professional recently under trying circumstances with the local authority. Rathbone are a professional, caring and supportive organisation."

There were systems in place to monitor the quality and safety of the service being provided. Senior staff carried out audits on medicines management. Regular spot checks were carried out looking at the quality of support provided with any actions required highlighted and escalated where required to management meetings. A 'Talk to Rathbone' event was also held where people, their family and other involved professionals their family could come and give feedback about the service and what can be improved.

A staff conference was held twice each year, each with a different agenda and focus for presentations and discussion. The conference in January 2018 was focused on the importance of full and accurate record keeping. The management team and outreach team met on alternate weeks to discuss the service, any incident or accidents, safeguarding alerts, complaints, staffing and any other business.

The provider worked well in partnership with other professionals to make sure people received appropriate support to meet their needs. Care records showed how the service engaged with other healthcare agencies and specialists to respond to people's needs and to maintain their safety and welfare.

Managers and staff attended events, conferences and working groups to help make sure they were up to date with good practice. These included Skills for Care events, local provider forums and local authority led engagement meetings. The service was also represented at a learning disability assembly which was a service user led self-advocacy group made up from people with learning disabilities locally.

