Care Quality Commission **DHSC – CQC external quality regulation programme**

Community Outreach

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 10 and 11 August 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Service and service type
Community Outreach is a supported living and outreach service providing personal care for people with a learning disability and autistic people. The supported living consisted of five cottages around a central courtyard and was in a rural location. At the time of our inspection one person was living in one cottage and there were two temporary residents in another cottage, who moved into their permeant residential home shortly after our inspection. They had lived in the supported living cottage since March 2022.

The Outreach service also supported 23 people who lived with their families or their own homes. The Outreach service supported people to access their community and, in some cases, seek employment and gain independent daily living skills. Not everyone using the Outreach service received personal care. This is help with tasks related to personal hygiene and eating.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice.

People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests. All support was agreed with people and where appropriate their relatives. Evidence was not seen of formal capacity assessments or best interest decisions for the two people living temporarily in the supported living cottage. We were told restrictions had been agreed as being in people's best interests at their regular review meetings. The policies and systems in the service supported this practice.

People's communication needs were assessed, and they were supported to make choices about their daily life through verbal communication and communication systems, for example the Picture Exchange Communication System (PECS).

There were vacancies within the Outreach staff team. New referrals were managed so there were enough staff to complete all support visits. There were also vacancies in the team supporting the two temporary residents. This meant people's activities were adapted so two people went out with two support workers. We have made a recommendation about staffing.

We observed people were comfortable with their staff support. Staff had the training and support they needed to meet people's needs. Relatives were positive about the support people received and said the communication with the staff team was good.

Staff were positive about working for the Outreach Service. They said they felt well supported by the registered manager and senior support worker. Staff were safely recruited and knew how to report any concerns they had.

Person-centred risk assessments and support plans provided detailed guidance and information about people's support needs and routines. They included information about changes in support needed depending on the person's levels of anxiety. For the Outreach service, these were regularly reviewed and agreed with the person's family and where appropriate social care

professionals. However, the risk assessments and support guidance needed to be reviewed and updated for the two people temporarily living in the supported living cottage.

People received their medicines as prescribed and these were regularly reviewed. People were supported to maintain their health and wellbeing and their nutritional needs were being met.

The Outreach service supported people with a range of activities within their community. People in the supported living cottages were offered a range of activities and had active lives. Staff supported and prompted people to be as independent as possible.

A quality assurance system was in place, with audits and checks being made by the staff team and at a provider level. Incidents and 'reactive approaches prevented' (where the person had been supported to reduce their anxiety before an incident occurred) were recorded and reviewed to identify any learning from them for future support strategies.

We found areas where the service could make improvements. CQC recommends that the service:

- Ensure the risk assessments, care plans and routines for the two people living temporarily in a supported living cottage are reviewed and updated to reflect their current needs.
- For the two people living temporarily in a supported living cottage, ensure all restrictive practices are reviewed and evidenced as being in their best interest. This review should be undertaken with full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity.
- Take action to recruit to the current vacancies to enable each person to have their agreed support hours.

The inspection

About the service

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

Community Outreach was managed by an area manager who was registered with the Inspection and Registration Unit of the IoMDHSC.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke with one person in the supported living accommodation. We observed the support provided throughout our inspection as not everyone was able to communicate with us. We looked at the environment of the supported living cottages, with people's permission. We spoke with five members of staff, including a senior support worker and support workers. We reviewed a range of records. This included seven people's care records and multiple medication records. We had looked at eight staff files at Autism Initiatives head office in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with four relatives and two support workers by telephone to seek further views about the service and their experience of the care provided. We also spoke with the area manager and a senior residential support worker (SRSW) who was the manager for the new home the two people were due to move into. We reviewed a variety of records relating to health and safety and staff training.

You can find information about how we carry out our inspections on our website:
https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Is the service safe?

We found that this service was not always safe in accordance with CQC's inspection framework.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
Risks people may face were identified and guidelines were in place to manage these risks. Staff knew people's needs and how to mitigate the risks they faced.

For the people living in the supported living service, a detailed positive behaviour support (PBS) plan provided clear guidance for the support they needed to manage their anxieties. The PBS also identified what triggers may make the behaviour of concern more or less likely to occur.

The guidelines for the two temporary residents had not been reviewed when they moved to the supported living cottage. The SRSW who would manage their new home said they planned to review all their risk assessments and guidelines as a priority when they moved to their permanent home, which was planned for two weeks after our inspection.

Records were written where staff had supported people to reduce their anxiety without their behaviours escalating. These were called reactive approaches prevented (RAPs). Incident reports were also written when needed. These were reviewed by the SRSW, senior support worker and area manager to identify any patterns and what worked well and what did not.

Staff told us they would discuss the incidents as a team to contribute ideas on how further incidents could be reduced. Support from the Autism Initiative PBS team was available if required to review the PBS documents and discuss different strategies with the staff team.

Regular health and safety checks were made in the supported living cottages.

Staffing and recruitment
There were staffing vacancies at the service. The area manager told us there were no plans for people to move into the supported living cottages until additional staff had been recruited. They also managed the referrals to the outreach service to ensure there were enough staff to complete the agreed support visits. This meant there were enough staff to meet the needs of the people currently being supported. A relative said, "They're reliable and always turn up when they say will."

For the two temporary residents, bank staff were used to cover the rota where possible. We were told that there was rarely staff available to provide people with the two-to-one support they were assessed as needing. When there was not the two to one staffing, two staff would support both people together. The SRSW said, "[Name] and [Name] don't always like to do the same things all the time so it's not really fair for them to have to go out together all the time" and a support worker said, "We have a plan in place when there is only two staff. We have to gauge people's mood and behaviour before going out anywhere."

Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

Using medicines safely
People received their medicines as prescribed. Assessments identified the support they needed to take their medicines. Where people self-administered their medicines, regular checks were made to ensure they were taking them as prescribed. Systems were in place where the outreach staff were responsible for people's medicines when they supported them in the community.

Staff had annual medicines administration training and a competency assessment was completed. This included specific training to support people if they had epilepsy and required emergency medicines administering.

Guidance was in place for medicines administered 'when required' (PRN). One PRN protocol for a temporary resident in the cottages did not contain enough detail of the signs that they needed the PRN to be administered. The SRSW said they would review and update all the temporary residents PRN protocols.

Systems and processes to safeguard people from the risk of abuse
Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the area manager and senior support workers would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

Preventing and controlling infection
People living in the supported living cottages were supported to maintain and clean their own home. Staff had completed training in infection control.

Current guidance was being followed for the use of personal protective equipment. We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

We found that this service was effective in accordance with CQC's inspection framework.

Ensuring consent to care and treatment in line with law and guidance
As far as possible, people should be enabled to 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 when this is in their best interests and legally authorised under Manx legislation. Best practice in care homes, and some hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

People living in the supported living cottages had the capacity to agree to their support. Outreach support was agreed with people's families and their social worker if they did not have the capacity to agree themselves.

Evidence was not seen that the restrictions in place for two people living temporarily in the supported living cottages had been discussed and agreed as being in their best interests. We were told they were agreed at people's six-monthly reviews with people's family and social care professionals that they were in their best interests. No formal capacity assessments were seen.

We observed staff offering day to day choices and options about their care and support throughout the inspection.

Staff support: induction, training, skills and experience
Staff received the training they needed for their roles. Training in autism was part of the initial induction as was also part of the positive behaviour support training. All support staff were enrolled on a level three health and social care course when they had completed their probationary period.

New staff completed a week induction, completing the required training, and then shadowed experienced staff. For the outreach support, new staff accompanied experienced staff so the person supported could get to know the new member of staff before being supported by them. A support worker said, "I read people's care files and listened to the other staff, so I was briefed about their needs. I discuss the support I've provided when I get back; everyone's been very helpful." A relative said, "[Name] did some trips with both staff so [new support worker Name] could get to know him; this was good and worked well."

Support workers said they felt well supported by the area manager, senior support worker and SRSW. A support worker said, "I feel supported 100%; I feel really good working here" and another said, "[Area manager Name] worked with me when I was struggling with one person. She fully supported me with this."

There was a small staff team at Community Outreach, and we were told the communication within the team was good. Regular team meetings were held, both informal at handovers and formal. Formal supervision meetings were also held.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
People were supported to maintain their health and wellbeing. Their health needs had been identified and care plans provided guidance for staff for meeting these needs. People in the supported living cottages had health action plans in place which detailed people's health needs and documented all medical appointments. There was also a hospital support plan, which detailed people's communication and support needs if they needed to be admitted to hospital. One person said, "Staff go with me to medical appointments; I get a letter and show it to the staff so it can be put in the diary."

Supporting people to eat and drink enough to maintain a balanced diet
Where part of people's assessed support, their nutritional needs were assessed. People were supported to prepare a shopping list and cook to maintain their diet.

One of the temporary resident's nutritional needs were not clear within their care files. For example, it was mentioned they needed to avoid some foods, but we saw they had eaten these recently. The SRSW said they would review all their care file and update where required.

Adapting service, design, decoration to meet people's needs

At the time of our inspection people did not require any adaptations to the supported living cottages. People had been supported to personalise their homes with their own belongings and photographs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
People's needs had been assessed and were regularly reviewed. People's family and social workers were involved in the reviews where appropriate. Progress on achieving current goals was discussed as well as any new goals people wanted to work towards. A relative said, "We have regular reviews."

Is the service caring?

We found that this service was caring in accordance with CQC's inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity
Staff knew people and their individual needs well. A comprehensive 'All About Me' document provided details of their likes, dislikes, communication and personal history. This provided a clear overview of the person's support needs. A support worker said, "We write a daily report after each visit and then we update the About Me document each month so everyone can be kept informed." A relative said, "[Name] doesn't like change; he is very happy with the support and the staff."

Staff were very positive with working at Community Outreach. One said, "I like working here; there's lots of variety, we support people who live on their own and others we help to get back into work."

Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People seemed comfortable with the staff support they had. One person said, "I get on with the staff. I can go to them if there's anything I need."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence
We observed staff providing people with choices about what they wanted to do. The two people living temporarily in the cottages used a picture communication system so they could plan what they wanted to do each day.

We observed support workers prompt and encourage people to do the things they were able to themselves. Support plans clearly identified where they were to be prompted to be independent and where they required more support. The support workers explained how they respected people's privacy whilst providing support.

Relatives said the communication with the staff team was good and they were kept informed about the support provided. A relative said, "We have a quick chat and a handover with staff when they pick [Name] up" and another said, "They keep me updated on everything." A support worker said, "Communication with [Name's] family is really good. I use a communication book to update [Name's] parents with what we've done each day."

Is the service responsive?

We found that this service was not always responsive in accordance with CQC's inspection framework.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;
The person living in the supported living cottages had a detailed person-centred support plan in place which was regularly reviewed. This provided guidance for support workers for different

routines and activities. The support plans identified what they were able to do for themselves, depending on their mood and levels of anxiety, and what support staff should provide.

We saw the support plans and routines for the two people temporarily living in the supported living cottages had not been reviewed and updated to reflect their move. We observed some routines had changed. The SRSW said they planned to review all care files and routines as part of the move to their permanent home, which was scheduled to be a couple of weeks after our inspection.

People also had support goals they were working towards. These were personalised goals agreed with the person, their family and social worker. For example, one person's goal was to walk to the local shop to buy their newspaper.

Where appropriate, people were supported to move on from the Outreach service through a planned four week 'closure programme'. People were encouraged to participate in one of the social groups organised by Autism Initiative, which enabled them to maintain their social skills and support workers were able to check how they were managing.

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

There were clear guidelines for the activities people liked to do during their outreach support sessions, which were regularly reviewed. People were supported to be part of the community during their outreach support. A support worker said, "I meet [Name] weekly outside of their home. We sit and have a coffee and I hope to support her to go to the hairdresser soon." A relative said, "As it's a regular service [Name] likes to go to the same places each week and they know him in those places now."

The two temporary residents liked to be out of the house and had a full programme of activities they could choose to do. Records showed people went out every day, often multiple times.

Meeting people's communication needs

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

People's communication needs were assessed as part of the referral process to the Community Outreach service and where required, information about how people communicated was contained in their care plans.

Most people receiving outreach support were able to communicate verbally, although some used the Picture Exchange Communication System (PECS) to communicate. PECS is a way for autistic people to communicate without relying on speech. To communicate, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions. A relative said, "Staff very much know how [Name] communicates."

The two people living temporarily in the supported living cottages used PECS to communicate. A range of pictures and symbols were used so people could make choices between different activities, both indoor and outdoor. A relative said, "[Name] uses PECS and it seems pretty organised; he chooses what he wants to do each day."

Improving care quality in response to complaints or concerns

The provider had a complaints policy in place. There had been no formal complaints made in the last year. There was regular communication with people's relatives, which meant any issues could be resolved informally. A relative said, "I'd phone [senior support worker Name] if I had any concerns and they'd be sorted out."

End of life care and support
At the time of our inspection no one was receiving end of life care. End of life support was not part of the outreach support.

Is the service well-led?

We found that this service was well-led in accordance with CQC's inspection framework.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
A quality assurance system was in place. Regular audits were made of the outreach and supported living care files, medicines. and health and safety. A monthly service report was written detailing what the people had been doing, any incidents and staffing. All staff were clear about their roles at the service.

However, checks had not been made of care files for the two people living in the supported living cottages temporarily. The SRSW acknowledged this and planned to complete a full review as soon as the people moved to their permanent home, planned for a couple of weeks after our inspection.

A 'responsible person' visit was completed by the two Autism Initiative's area managers every six months. This checked files were up to date, medicines, staffing and looked at the environment. Staff were positive about the area manager and the support they provided. The senior support worker said, "[Area manager Name] is invested in her team and the service."

The provider held a monthly meeting with the area managers to discuss all Autism Initiatives homes on the Isle of Man. This enabled learning from one home to be shared with other homes. The provider also had regular meetings with colleagues based in England and was able to access specialist support in mental health through Autism Initiatives.

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
The staff enjoyed working at the Community Outreach Service. One support worker said, "We all work together" and another said, "We've really good communication with everyone."

Staff felt well supported by the area manager and senior support worker. Support workers were able to contribute ideas and openly discuss people's support and different strategies during the regular team meetings.

There was regular contact with the people's families and communication between the staff and their relatives was positive. A relative said, "I feel listened to; if I've had any ideas, they've taken them on board."

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

The area manager, senior support worker and SRSW knew the types of incidents that needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.

Working in partnership with others
A monthly service report was written, detailing updates in progression towards agreed goals, changes in health and any incidents. People's support was regularly reviewed with people and their family.

The service worked with a range of professionals, including GPs and the dietician.