

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Reach Out Support Network Limited

Hope House, Burnhope, Newton Aycliffe, DL5  
7ER

Date of Inspection: 09 January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Reach Out Care Support Network Limited
Registered Manager	Ms. Lisa Margaret Snaith-Cairns
Overview of the service	Reach Out Care Network provides personal care to people living in their own home. The service currently provides care to children and young people who have complex needs.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with five families who had used the service, we also spoke with eight members of staff and the manager and looked at the care records of five people. People who use the service spoke positively about the care they received, one person said "I think it's brilliant."

We looked at the arrangements in place for people consenting to the care they received. We found where people were able to give consent to care staff working in the service sought permission prior to delivering any care. Where people were not able to give consent the provider followed the correct legal process.

We reviewed care records and saw comprehensive risk assessments in place which documented a person's care needs including the way people communicated and the support they required. We also found the service engages with other agencies and health professionals to ensure people's needs are met effectively and safely. Family members described the consistency of care as 'good'.

Staff were well supported to carry out their roles. We found staff received training in areas relevant to their work. Staff told us they were well supported and records we looked at showed staff received regular supervision.

The provider had received no complaints but had in place a comprehensive complaints policy with procedures.

You can see our judgements on the front page of this report.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

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### Reasons for our judgement

We spoke with five people who use the service. Due to their complex communication needs the children and young were not able to tell us about their experiences of personal care. The manager told us permission is sought from each parent before they start working with the child. We reviewed five care records and saw signed permission had been sought from each parent to provide personal care to their child. We saw one young person had required additional protective car seating and we saw that additional permission had been given by the parent to use the additional safety restraints whilst travelling.

Staff told us they seek permission from the child or young person before providing personal care. One member of staff said "I always explain to the child what is going to happen and I know if she pushes me away with her foot she is saying 'no' to me." Another member of staff said "I always ask them first and then talk to them if they become distressed to calm them." One member of staff explained their role was to feed a child and she said, "I always explain what is on the plate and ask do they want it."

Family members told us they had given permission for a member of staff to provide personal care to their child. One parent said "They always ask if they need to do something and they know by my child's gestures and facial expressions their responses".

This meant before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

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**Reasons for our judgement**

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The manager told us the staff complete an activity sheet every time they see a person and record on a different sheet if they needed to administer personal care. We saw copies of these sheets and staff confirmed to us they completed activity and personal care records.

The managers explained that consistency of care was important to them. One member of staff said she arranged her contacts with the families to promote consistency. A parent said "I have only had two carers to look after my child and the consistency is good"

Managers told us the service tries to be flexible to meet the needs of the people. Staff members told us how they arrange contact with people and offer an alternative if required. One family member said "the service is flexible and will change their times for us."

We saw the provider had made arrangements to enable people to be brought into the office for activities and had provided a kitchen for cooking activities, computer facilities, a sensory/play room and art and craft facilities. These measures further contributed to people's wellbeing.

The relationships between staff and the people who they cared for promoted and protected people's privacy and dignity.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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Managers told us all young people referred to the service had complex needs and had a care manager in place. We saw in the minutes of meetings members of the team had attended and contributed to care reviews and worked alongside social workers, schools, school nurses and the Learning Disabilities team from the Children and Adolescents Mental Health Service. Staff told us that they were invited to attend these meetings whenever possible and if they were unable to attend, a manager in the service usually attended in their place.

We read that following a safeguarding query one young person had an additional plan in place and the service provided regular updates to the care manager. We saw updates in place. One member of staff reported that they were working closely with a speech and language therapist and were carrying out guidance on how to respond to a young person. A family member told us help had been sought from the school nurse to support the member of staff to learn how to feed her child.

One member of staff said they had frequent contact with the care manager. Another member of staff reported contacting an occupational therapist to put hoisting equipment into place. Family members confirmed that the service worked with other providers. A member of staff said she had sought advice regarding conductive education and adjusted her behaviour accordingly in line with the family's wishes

We talked with staff about the people receiving care. They clearly had a good understanding of the health and social care needs of the people in their care. One member of staff said "I read the records and then spend time talking to the parents as they know their child best." A parent said "If I am struggling to contact the care manager then they will do it for me."

All this means the provider works well with other services to the benefit of their service users.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. Staff were well supported.

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## **Reasons for our judgement**

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We saw the staff were provided with a comprehensive induction process and were supplied with an induction pack. The induction process included working with complaints, whistleblowing, health and safety and lone working arrangements. All staff had been trained in safeguarding and equality and diversity. Specific training and support had been provided to staff who handled medication.

We saw all staff had a personal development plan. One member of staff described their induction as 'very good and thorough with everything written down and documented'

A rolling programme of training was provided to staff including on-going training in complaints, safeguarding, planning, recording and safe transportation. Staff told us the provider considered their training needs individually due to the complex needs of the people who use the service.

We looked at the management team training and saw they had also received training and had been funded by the provider to undertake NVQ Levels four and five in health and social care.

Staff reported they were well supported by the management team. One member of staff said "I can ring Louise up at any time and get a response." Another member of staff said "I have never had a boss who is so accessible."

We saw on-going supervision was provided to staff who worked over 20 hours on a monthly basis. Those staff members who worked less than 20 hours were given supervision on a 3 monthly basis with a telephone support call in-between supervisions. One member of staff told us their supervision changed and if they worked more hours in the summer holidays their supervision increased. We also saw annual appraisals were undertaken. Staff confirmed they had had an appraisal which included personal development targets.

One parent told us the provider had sourced training from their nurse so that the staff member could correctly feed their child. A member of staff said the provider looked at their

training needs to appropriately care for individual children.

We found staff received appropriate support, training and professional development which meant people had the right skills and competencies to deliver safe and effective care

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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We saw that the provider had in place a complaints policy and procedure which outlined timescales for responses at the different stages of a complaint. The process was outlined in the guide for parents and carers and was further outlined in the welcome pack. A direct contact was made available by the provider for anyone wishing to make a complaint.

We saw the service had received no complaints. We reviewed staff records and saw staff had received training on complaints during their induction and complaints training was included in a rolling programme of training.

Staff told us they had received training in the complaints policy. One member of staff said 'I always say to families tell me if there is a problem so I can deal with it.' Another member of staff said that they would direct a complainant to their manager.

Family members told us they were aware of the complaints process but had not felt the need to use it. One family member said "there is no need to make any complaints, I always discuss things with my worker and we sought things out"

This meant that families had been informed by the provider how to make a complaint and the provider had in place a process for dealing with complaints.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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