Outlook Care

Outlook Care - Hedgerows

Inspection report

Bluebell & Hawthorn
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on the 25 November 2016.

Outlook Care - Hedgerows accommodates and cares for up to 22 persons split between two adjacent bungalows, Bluebell and Hawthorn, registered as one service location. There were 15 people in residence when we inspected, with five older people with dementia and nursing needs accommodated in Bluebell. This bungalow was being closed by the provider and the five remaining people were being relocated to other services. Hawthorn bungalow will remain as an active service providing care for adults with learning disabilities.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. An application to register the new manager with the Commission had been submitted.

People were safe. People were safeguarded from harm and poor practice by staff that knew what action they needed to take if they suspected this was happening. There were recruitment procedures in place that protected people from receiving care from staff that were unsuited to the job.

People's needs were assessed before they were admitted to the home and regularly reviewed to ensure they received appropriate and timely care. People benefited from being cared for by sufficient numbers of experienced staff that had received the training they needed to do their job safely. Staff knew what was expected of them when caring for older people, including those with dementia care needs, and people with learning disabilities. Staff carried out their duties effectively and with compassion.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon when required. People had enough to eat and drink and enjoyed their meals. People that needed support with eating and drinking received the timely practical help they required.

People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration. People's healthcare needs were met and they received treatment from other community based healthcare professionals when this was necessary.

People's individual preferences for the way they liked to receive their care and support were respected. People's care needs had been assessed prior to admission and they each had an agreed care plan that reflected their individual needs. Their care plans were regularly reviewed and provided staff with the information and guidance they needed to do their job.

People were enabled to do as much as they were able to do for themselves by staff that were attentive to each person's individual needs. They understood and acted upon the impact of people's disabilities on their capabilities. People received support from staff that demonstrated that they understood what was required of them to provide people with the care they needed.

People were treated with dignity and their right to make choices was upheld. People and their relatives or significant others, including people's advocates, were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate action would be taken to resolve matters to their satisfaction.

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 kept safe by sufficient numbers of experienced care staff deployed to meet their needs in a timely way.

People's care needs and any risks to their safety were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People were protected by safe care staff recruitment practices.

Is the service effective?

Good

The service was effective.

People benefitted from being cared for by care staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People received care from care staff that had the training and acquired skills they needed to meet people's complex needs.

People's healthcare and nutritional needs were met and monitored and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good

The service was caring.

People's dignity was assured when they received support with personal care and they were treated with kindness and compassion. Care staff had developed good relationships with the people they supported.

People were individually involved and supported to make choices about their day-to-day care. Care staff respected people's preferences and the choices they were able to make about how they received their care.

People received their care staff that encouraged them to retain as much independence as possible by doing what they could for themselves.

Is the service responsive?

Good

The service was responsive.

People had care plans that reflected their individual needs and how these were to be met by the care staff.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's representatives were assured that appropriate and timely action was taken to address complaints or dissatisfaction with the service provided.

Is the service well-led?

Requires Improvement

The service was well-led.

People were supported and cared for by a conscientious care staff team led by an experienced new manager that had applied to register with the Care Quality Commission (CQC).

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving support from care staff that received the managerial guidance they needed to do their job well.

Outlook Care - Hedgerows

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 unannounced inspection was carried out by an inspector. The inspection took place on the 25 November 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We took into account people's experience of receiving care and to help us do this we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed the accommodation and facilities used by people and one person was able to show us around Hawthorn bungalow and chat with us about their experience of living there.

We looked at six people's care records and six staff records in relation to recruitment, training, and best practice. We also met and spoke with the manager and four care staff individually, including the cook. We looked at other documented information related to the day-to-day provision of the service and quality assurance monitoring practices by the provider and manager.

Good

Is the service safe?

Our findings

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because care staff were appropriately recruited. Care staff employment histories were checked and their backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

People's care needs were safely met by sufficient numbers of experienced and trained care staff on duty. People received timely care when they needed it. Care staff had the time they needed to focus their attention on providing people with safe care. Care staff were attentive and responded quickly to ensure people's safety when the need arose.

People's needs were regularly reviewed by care staff so that risks were identified and acted upon. Care staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff that had received the necessary training.

People were assured that regular maintenance checks were made on essential equipment used by care staff throughout the home to ensure people received safe care.

Good

Is the service effective?

Our findings

People received care and support from care staff that had acquired the experiential skills as well the training they needed to support people with a range of complex needs. People's needs were met by care staff that were effectively supervised and had their day-to-day job performance regularly appraised. New care staff had received induction training that prepared them for their duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care staff acted in accordance with people's best interests.

People received timely healthcare treatment from appropriate community based professionals. Care staff acted upon the advice of healthcare professionals that had a role in people's treatment. Suitable arrangements were in place for people to receive prescribed treatment from their GP when they needed it. People had regular healthcare check-ups to ensure their physical wellbeing.

People's nutritional needs were met. Whenever necessary care staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. People had enough to eat and drink. People that needed support with eating and drinking received the timely practical help they required without compromising their dignity. Care staff helped people that needed support with eating at a pace that suited them. Their diet was varied and the choice of meals was appetising and catered for a wide range of tastes. Where people were unable to express a preference care staff used information they had about the person's likes and dislikes as well as their nutritional needs.

Good

Is the service caring?

Our findings

People were supported by care staff that were compassionate and attentive. Care staff were able to discuss how they facilitated people's choices in all aspects of their care, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves. Visitors were encouraged and welcomed.

People were supported at their own pace and they were not rushed to do things. Care staff responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was unhappy and needed their attention. People were approached by care staff that took time to explain what they were doing without taking for granted that the person understood what was happening around them.

Care staff used people's preferred name when conversing with them. People's individuality was respected by care staff. They directed their attention to the person they engaged with and were mindful of not talking over a person's head when they were attending to their needs. Care staff spoke with people calmly, used words of encouragement, and their good humoured yet purposeful manner was in keeping with sustaining a relaxed ambience.

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care staff whenever such assistance was required. Care staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs.

People's bedrooms were personalised with their belongings and possessions they valued and liked to have around them.

Good

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home and subsequently reviewed on a regular basis. Changes to people's care plan were made in their best interest and with the appropriate involvement of significant others. Where people had capacity they were actively encouraged and enabled to be involved in their care planning.

People's care plans were reflective of people's needs and the actions care staff needed to take to provide them with timely care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them. Where a person's ability to say how they preferred to receive care had been compromised by, for example, their dementia then their advocates were consulted to ensure the person's best interest was upheld.

People benefited from receiving care from care staff that that responded promptly if they needed attention.so they were not left in discomfort or at risk. People were encouraged to make choices, however simple, about their care and how they preferred to spend their time. People had a range of activities that included organised 'events' or activities that were on offer on a daily basis. These activities suited people's individual likes and dislikes.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in post. Until the application submitted by the manager in post to register with the Care Quality Commission (CQC) is successfully processed the rating given is, therefore, 'requires improvement' under 'well led'.

People benefited from receiving care in a home that was competently managed on a daily as well as long term basis. The new manager had the necessary knowledge and acquired experience to motivate the care staff team to do a good job. Care staff said there was always an 'open door' if they needed guidance from the registered manager, of from any of the senior care staff. The care staff team worked well as a team and were very supportive of each other so that people could rely upon receiving attentive care. Care staff said there was a positive culture that inspired teamwork, that the effort and contribution each care staff member made towards providing people with the care they needed was recognised and valued by the registered manager and provider.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and provider. These audits included checking that all care staff were consistently adhering to good practice guidelines and were following the procedures put in place to protect people from poor care.

People's care records were fit for purpose and had been reviewed on a regular basis. The new manager checked that the content accurately reflected people's needs and the care provided. Records relating to care staff recruitment and training were also fit for purpose. They reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were also kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been updated since our last inspection to reflect best practice and to provide care staff with the current guidelines they needed.

The new manager had kept the Care Quality Commission (CQC) informed of events and incidents that needed to be reported. They also worked cooperatively with health care professionals and commissioners involved in monitoring the care of people that used the service.

People were assured that timely repairs were made to the premises and that equipment was appropriately serviced and kept in good working order. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.