Isand Limited

The Outwood

Inspection report

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Horsforth
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15 August 2017

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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?	Good

Summary of findings

Overall summary

This inspection took place on 9 August 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting the service. A second day of inspection took place on 15 August 2017 and this was announced.

The Outwood is registered to provide accommodation for adults under 65 years of age who require nursing or personal care and have a diagnosis of Learning disabilities and or Mental health conditions. On the day of our inspection 10 people were using the service.

The Outwood is a large home based in Horsforth, in a rural area of Leeds. The main entrance to the home had pictures and the names of staff members so people knew who worked in the service.

This was a Victorian style home with large rooms and ceilings. There were two large lounges in the home, one lounge was often used as a sensory room and they had a box with sensory equipment for people to use. These included lights, different textured items, sensory jigsaw and a foam connect four game. The garden was large with swings, trampolines and a designated planting area for people who enjoyed gardening. There was also a smoking shelter.

There were eight bedrooms in the main house and attached were two flats which included kitchenettes and were used for people that were more independent. Rooms were very individual and people decorated these as they wished to make it their own.

The regional manager told us, most people were supported by two staff in the community and sometimes in the home dependent upon peoples changing behaviours.

There were door activation systems in place which meant people using the service could only access the kitchen with staff. This helped maintain people's safety.

During the inspection the registered manager told us they were due to change job role. The deputy manager had been acting as the manager and planned to apply to become the registered manager once an appropriate hand over of the service had taken place. A registered manager is a person who has registered with the 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. For the purpose of this report, we refer to the deputy manager as 'The manager' as they are currently acting as the manager.

People told us they felt safe. We found people were protected from the risk of avoidable harm or abuse because the provider had effective systems in place to manage any safeguarding concerns. Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Risk assessments had been developed and contained relevant information. We found that these were in place and had been regularly reviewed. Accidents and incidents were recorded and appropriate action taken to reduce the risk of reoccurrence.

Medicines were stored securely and assessments had been completed on staff to ensure they were competent completing this activity. Medicines were administered correctly and 'As required' medicines were managed appropriately with guidance in place for staff to follow.

Safe recruitment processes were in place and had been followed. Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable staff from working with adults at risk. Records confirmed staff received induction training when they were new in post.

Training records confirmed staff had received training on an annual basis and staff told us they felt the training was sufficient to meet people's needs.

We checked and found the provider was working within the principles of the MCA and all people using the service had a DOLs in place. Best interest decisions also took place and were documented in care plans.

People living at The Outwood were supported to maintain a balanced diet and were regularly offered fluids. If requiring support from health care professionals, this was arranged for people and they were supported to attend hospital if needed.

Care plans included clear instructions for staff which promoted positive working relationships with people using the service.

Care plans were produced to meet people's individual support needs and were reviewed on a regular basis. They looked at peoples preferences for care and offered choice.

People using the service and staff told us they felt confident to make a complaint and these were managed effectively by the manager.

Some people using the service had an advocate in place to support them with any care decisions and staff told us they worked collaboratively with the advocacy services.

Staff and people using the service all had positive relationships with the management at The Outwood. They felt supported and said the managers were present in the service.

Satisfaction surveys and monthly 'Catch up' meetings with keyworkers were completed with people using the service to understand their views and to monitor the quality of the service being provided. Actions had been taken when areas for improvement had been identified.

Audits had been completed by the service although not all issues raised in these had completion dates. We saw actions had been taken and that this was a shortfall in the recordings of outcomes. We made the manager aware of this and they planned to update their records.

Notifications had been submitted to CQC as required by legislation.

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

Staff had received training to ensure they knew how to recognise and report incidents of potential abuse.

Risk assessments were completed to ensure peoples safety and this was managed effectively.

Medicines were administered by staff who had received appropriate training and staff recorded accurately on the MAR's.

Staffing levels were adequate to meet people's needs and had been safely recruited to carry out their roles.

Is the service effective?

Good

The service was effective.

Staff had completed a range of training to enable them to effectively meet people's needs.

People were involved in their care planning and when possible consented to personal care interventions that were carried out.

People were supported to access health care services and received appropriate support with their nutritional needs.

The principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were met.

Is the service caring?

Good

The service was caring.

People were treated with care, compassion, dignity and respect.

People were involved in their care planning and staff used relevant methods of communication with people.

People were encouraged to be as independent as possible.

Staff supported people to use advocacy services, when required.

Is the service responsive?

Good

The service was responsive.

Care plans identified individual support needs and were reviewed on a regular basis.

People had access to a range of activities that they told us they enjoyed which help to promote their general well-being.

People were aware of how to make a complaint and told us, staff listened to concerns raised.

Is the service well-led?

Good

The service was well-led.

People spoke positively about the service they received and their views were sought.

The service was monitored, when shortfalls were found action was taken to maintain or improve the service.

The manager reported accidents and other notifiable incidents that occurred to the Commission.

The Outwood

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.

This was a comprehensive inspection which took place on the 9 and 15 August 2017 and was unannounced. This inspection was carried out by one adult social care inspector.

Before this inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make. Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. We used this information to help plan the inspection. We also contacted the local authority, local safeguarding team and Healthwatch.

During the inspection, we spoke with three people who used the service, one relative, the registered manager, the deputy manager (currently acting as the manager), the regional manager and four care workers. We looked at a range of records including four staff files relating to recruitment, supervisions, appraisals and training. We also looked at three people's care records which included care planning documentation, risk assessments and daily records. We viewed records relating to the management of the service, surveys, audits and a wide variety of policies and procedures.

Good

Is the service safe?

Our findings

We asked people if they felt safe at The Outwood and people told us, "Yes, I'm happy here" and "Yes, it's nice." A relative also stated, "We have no safety concerns, we have no concerns about [Name]'s care or happiness."

We looked at Medicine Administration Records (MARs) which document the medicines people have been prescribed and recorded when medications were administered to them. The MAR's we looked at were all accurate, signed by staff when administered and appropriate codes were used when staff omitted medicines. Staff completed medicines management training and had signed a document confirming their competency to administer.

Medications were ordered by the service on a monthly basis and delivered by local pharmacies. These were usually delivered in blister packs but individual prescriptions were also provided in separate boxes. Blister packs contain designated sealed compartments, or spaces for medicines to be taken at particular times of the day. They can help people to keep track of their medicines.

The MAR's included specific details of the person's name, date of birth, dosage, and a picture of what the medication looked like and colour of each medicine. These showed measures were in place to avoid potential medicine errors. Specific timings for administration of medicines were documented in people's care plans but not on the MAR's. For example, MAR's we looked at stated, 'AM, PM' and 'Tea time.' We discussed the importance of stating specific times to administer medicines with the manager to ensure people received them at the right time, as prescribed.

Topical creams and 'As required' medicines were also were documented on MAR's with body maps in place to identify where creams should be administered. Medicines in individual boxes or creams had personal details and if opened staff stated the date on the box to ensure safe practice. Staff also completed stock checks of medicines when administered to show how many tablets were left in each box.

Controlled drugs were kept in a secure cupboard with a key coded door and a policy in place with instructions for staff to follow. At the time of our inspection, no controlled drugs had been administered as the medication stored was 'As required' and there had not been a need for this.

Risk assessments were in place and reflected individuals support needs when there was a risk present. We saw one risk assessment which outlined safety concerns regarding a person's 'self-injurious behaviour'. For example, 'Biting himself hard on the finger' and actions for staff to follow which included, 'Managing the environment – where possible remove potential items which [Person] could hurt himself with. Reduce the number of demands on [Person]. Ensure body language and tone of voice remains calm and relaxed.' Another risk assessment documented persons potential to harm self with utensils due to their lack of risk awareness. Actions to reduce the risk whilst supporting the person to remain independent included the following, 'All sharps and hazardous utensils are locked away at all times – Sharps inventory completed twice daily. [Person] to be supported at all times when using the kitchen so that staff are able to supervise

[Person] accordingly. [Person] can continue her daily living skills in a safe environment; this will promote her independence and maintain her safety.'

Staffing levels were adequate to meet people's needs and rotas reflected this. Staff and people using the service told us there was always enough staff and management were supportive if people were doing extra hours. A staff member told us, "I've seen the manager turn people away from doing extra shifts to avoid burn out, they do protect the staff."

If requiring extra staff the regional manager confirmed staff from other services that were managed by the same provider would cover this. The manager said they did not use agency staff to ensure consistency but would use them if needed. There was a two tier system in place for 'On call' outside of the usual office hours. This included either the manager or deputy manager on call and one regional manager at all times.

Accidents and incidents were managed suitably, there were incident reports for concerns raised and clear evidence of actions taken. The provider had a system to identify trends or themes for individuals using the service for example, number of restraints were recorded to see if this had increased or decreased. The regional manager said this allowed staff to effectively monitor challenging behaviour and to see if support plans were effective in reducing a person's behaviour that may result in restraint.

The service had appropriate systems and procedures in place which sought to protect people who used the service from any abuse. The provider had made ten safeguarding alerts in the past 12 months with actions and outcomes documented. There was a safeguarding and whistleblowing policy in place which gave clear instructions for staff to follow. This included a flow chart of actions such as contacting the local safeguarding authority, investigation, outcomes and people to involve such as the director of operations and the persons GP.

We looked at staff recruitment records which showed checks undertaken by the provider before staff began work. Checks included application forms, interview notes, confirmation of identity, two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or are barred from working with children or adults at risk. We looked at three staff files which followed the provider's policy relating to recruitment. Disciplinary actions had also been taken when necessary; this showed action was taken to monitor staff's practice.

We saw the provider had taken appropriate action to ensure the safety of the premises. This included fire safety certificate, gas and electrical, water, alarms and legionnaire checks. We saw the fire risk assessment was not in date and had expired the annual check; the last assessment was completed in June 2016. The regional manager told us they were aware of this and that the assessment was booked in the diary to be completed.

On the second day of the inspection, there was a fire test and staff escorted people outside to the designated fire point. Weekly fire tests were completed and monthly fire drills by staff. Every individual had a PEEP plan in situ and we saw these in personal files. This meant people using the service had individual evacuations plans in place if a fire happened.

A maintenance log book was completed when there were issues with the premises. The book identified problems, dates of when it occurred and completion dates.

Good

Is the service effective?

Our findings

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 processes for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We were informed by the manager, capacity assessments and best interest decisions were made prior to people coming to the service. The manager told us, should any changes be made to a person's care whilst at the home they would ensure a best interest decision meeting was held with all the staff involved including relative health professionals such as social care workers.

We looked at people's care plans which clearly documented when a person lacked capacity and for what reasons. For example, 'Physical intervention, finances, living at The Outwood and medication administration.'

Best interest's decisions had been completed when care was changed for example, '[Person] dislikes blood tests. [Person] will require medical intervention such as dental treatment and bloods to be taken under general anaesthesia. A best interest meeting to take place on [Date of meeting].'

The manager kept a log of DoLS applications submitted where a DoLS authorisation was required, either to ensure the person was always escorted when going outside of the service or because they were under constant supervision to ensure they were safe. Everyone staying at The Outwood had a DoLS in place during our inspection.

Restraint was sometimes used in the service to protect people from harming themselves or others. The staff all wore alarms which would trigger a noise for other staff to respond and support, if pulled. Call points were visible so staff could see where the alarm had been raised and respond to this. One staff member told us, although the alarm system worked well in the service there were no alarm points in the garden. We discussed this with the regional manager who told us they had spoken with contractors to develop a system whereby this could be installed in the garden.

Report forms were completed when a restraint took place and a body map indicating which staff members were involved, which restraint was used and where it took place. It also indicated actions taken following the event for example, 'Cream applied after open cut to forehead.' This ensured people could be held accountable should a person incur an injury following a restraint and allowed the provider to monitor the amount of restraints used and keep people using the service safe.

The reports were completed by staff members and reviewed by managers however; further information

could have been inputted. For example, out of two files we viewed for individual's it stated 'known behaviour' as the outcome. We saw this recorded on over ten records relating to similar concerns around a person's behaviour. Some reports did have actions but this was not consistent. We discussed this with the manager who said they would review this to ensure outcomes had relevance to reduce challenging behaviour.

The regional manager said their priority was first and foremost to protect people using least restrictive practice. This included the use of techniques such as distraction, boundary setting and medication prior to using any form of restraint and that this was a last resort.

People told us they were supported with any dietary requirements or needs. We saw a weekly food menu with one option for each meal time. The menu was both written and in an easy read format with pictures for those people who could not read. Staff told us and we observed, most people ate at different times and were often supported to make their own individual meals if they did not want what was on the menu. Each person had a specific eating plan within their care plan and we observed staff regularly offering drinks to people during the day.

The kitchen was large with an island in the middle for food preparation. We saw staff preparing food with people using the service. The kitchen was clean and we saw fridge temperatures were recorded daily. Food in the fridge had been labelled with the dates, quantity and use by dates to protect people from food contamination and we saw a food hygiene rating of five.

People were supported to attend health appointments and other health care professionals attended the service. Annual health checks which identified what the person's needs were, appointments that had taken place and the outcome of appointments were completed. Some health care professional's included chiropodists, community nurses and GP appointments. People using the service all had hospital passports with details about the persons current care, likes and dislikes. This meant care could remain consistent and people had a seamless transition into a hospital environment.

Induction programmes were in place for new staff including, working alongside the manager, reading policies and procedures, shadowing staff and completing all training over a 10 day period. Staff also attended a two day autism course. New starters completed a care certificate assessment and a field based competency assessment to determine if a person could complete the role effectively.

We saw an appraisals and supervision policy was in place. We looked at seven staff files and everyone had received supervision within the last 12 months. The manager said they aimed to do these quarterly to ensure staff were being monitored effectively. They also had a matrix in place to show when each staff members were due to have supervisions.

Staff were provided with annual training which included, food hygiene, safeguarding, MCA, DoLS, restraint training, moving and handling, defibrillation, health and safety and epilepsy. All but one member of staff had completed their safeguarding, MCA and DoLS training within a 12 month period. We saw 24 training sessions were outstanding and the manager confirmed these courses had all been booked in.

People using the service and their relatives consented to their care when possible. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing.

Good

Is the service caring?

Our findings

People using the service and their relatives told us the staff were caring. One person told us "It's nice here, I get on with the staff well and I can talk about any problems with them. They listen to me." A staff member said, "The team really care about the people who live here, they want the best and get to know people really well and promote independence." One relative also said, "We get on brilliant with them all, they are like extended family."

The manager told us "They are a proud bunch and care for the service users." An example included one occasion where a staff member had come in on their day off to do a person's hair and nails in preparation for their school prom.

The staff told us peoples diverse needs were accommodated. Many of the people using the service could not verbally communicate and had individual ways of communicating with the staff. For example, one person used sign language and another person used noises to express their needs. The staff were very knowledgeable about individuals communication needs and we observed good interactions between people using the service and staff. We also saw evidence that peoples communication skills had been assessed by behavioural nurses within the community and plans in place on how to effectively communicate with individuals. This showed peoples individual needs were being met and allowed staff to communicate effectively.

Staff were mindful of people's rights to have their own privacy and respected this. One staff member said "I respect people's wishes if they don't want me in their room, I will leave and respect their wishes." People using the service also told us that staff respected their privacy.

People using the service were involved in the day to day planning of their life. When speaking with one person we saw they engaged with staff to plan their day on a picture board, this included daily activities, cleaning duties such as making their bed and any visits from friends or family members. One care plan stated, '[Name] must be involved as much as possible within his activities to aid in stimulation and meaningful purpose. [Name] enjoys gardening, baking, skateboarding and horse riding.' We observed staff asking this person if they wanted to go out to do some skateboarding in garden.

Staff were proactive in making sure people using the service were as independent as possible. For example, one person who came to live at The Outwood was not able to use the bathroom independently. Initially, staff prompted the individual to use the toilet and with this continuous approach now only required support during the night and was able to use the toilet independently without staff support in the day. Another person was being supported by staff to move into a supported living home to have more independence.

During the inspection, we saw staff provided people with clear explanations and information about their care. On the first day of our inspection we observed two members of staff supporting a person who was banging their head against a chair. Staff continually used the same language and placed a pillow behind the persons head to protect them from potential harm. Later on the same day, we observed two different staff

supporting the person in the same way and using the same language. Following this re assurance from staff and consistency in approach the person became less distressed and stopped banging their head. This showed staff had followed instructions set out in the persons care plan to reduce and alleviate distress. This also showed that staff had good insight in how to manage risk effectively to ensure people's safety was maintained.

Relatives also told us they were always kept informed of any changes to their relatives care needs and regularly used communication books to express any issues with the care staff. This meant carers and staff were in constant communications with each other. One relative said, "The staff always ask us about any changes and run everything by us, the things they do are brilliant."

People using the service were offered advocacy services should they wish. During our inspection one person had an advocate, with contact details of the person in their care plan and clear evidence they had been involved in the care planning. This meant the person could be supported to raise their views, if required.

We saw people's saw records were held securely. Information held in the office on computers was password protected and documentation was stored in lockable facilities to maintain data protection.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their choices and preferences. Care plans included documentation about people's individual wishes and needs such as, '[Person prefers a bath to a shower. [Person] enjoys singing whilst getting dressed for the day.' Another care plan stated 'staff to support [Person] to choose clothing on a morning and give verbal prompts in relation to dressing.' This showed staff had taken into account peoples specific likes and dislikes so that care could be provided in a person centred way.

Initial assessments were completed before people moved in to ensure the service could meet their needs. We saw care plans were reviewed regularly by staff in collaboration with people using the service. Care plans included details around the person daily needs, medication, challenging behaviours and activities.

Some people using the service had positive behavioural plans incorporated into their care plans for staff to follow. These included details of a persons observed behaviours and what worked well to reduce this behaviour. For example, a person who became anxious when around loud crowded areas wore ear protectors as a form of distraction which meant they did not feel anxious when outside.

There was an activities room with pictures on the wall of the activities people using the service had done with staff. Some of these included swimming, visits to a donkey sanctuary, adapted cycling, horse riding and walks. We saw people were smiling in photos and laughing with staff members during these trips. People using the service told us they enjoyed the activities with staff and they were supported to do what they want. We observed staff asking people using the service about what activities they wanted to do, one person said a holiday and the staff member agreed to help the person plan this. This showed staff encouraged activities to reduce social isolation.

Staff told us people were also supported to attend school or college. One person using the service attended a college based in Leeds, completing life skills, literacy and numeracy.

People using the service all had individual weekly planners in their rooms. This included pictures of the activities and this was planned with people's keyworkers. One person's weekly planner stated, sensory play, arts and crafts, IPad, cinema trip, school, pamper session and McDonalds. During the inspection we saw staff supporting a person to attend a football game. The person and staff all wore football clothing and spent time in the garden before the game, cheering and singing football anthems.

The provider had received eight complaints within the past 12 months. These were managed effectively and in a timely manner. Each compliant had been responded to with actions, letters of apology and lessons learnt. One example included a complaint from a relative about staff practice. This was investigated by the manager, a letter of apology written to the relative and staff member spoken to about professional conduct. The provider had also received a compliment from a relative in the form of a poem.

Good

Is the service well-led?

Our findings

People using the service and staff spoke positively about the management at The Outwood. One staff member said. "The management are brilliant and have made positive changes. They are here all the time and the regional manager comes once a week." Another staff member told us "I've only got positive things to say, they are very supportive, it's a good team and out of the homes I've worked in this is the best. I would be confident to live here or have a family member here." We asked people using the service if they felt management were supportive and listened to them. Every person we asked answered "Yes."

There was a registered manager although we were informed during our inspection that the registered manager was due to change job role. The deputy manager who was currently acting as the manager was planning to become the registered manager. The registered manager told us they plan to deregister with the CQC once a full hand over to the deputy manager had taken place and that the deputy manager would then register.

The provider had quality assurance systems in place to recognise and rectify issues however; we did see some shortfalls in the recordings. We found that not all the actions listed on audits had been signed by staff to show when the actions had been completed. The manager showed us the issues had been resolved in the home and that this was a recording issue they would correct.

Monthly audits were conducted and looked at medication, MCA information and relevant care planning information. These were regularly completed by the management and quarterly audits were completed by the regional manager which included health and safety, medication and auditing of care files. We saw that the audit for Quarter one and two had been completed and actions taken when needed.

We saw the provider had policies and procedures in place which were up to date and available to staff.

Key workers were appointed to people using the service who completed monthly 'Catch up' meetings which focused on the persons care. Questions included, 'How are you feeling today? What has gone well since our last catch up and what has not gone so well? Is there anything you would like to change and are you happy with the support you receive?' This showed the provider continually looked to improve the support provided to people using the service and monitored the quality of care provided.

Yearly satisfaction questionnaires were also completed with people using the service, the last completed in December 2016 with eight service users.

We saw the provider had a 'You said, we did' board in the front entrance for people using the service and their relatives to provide feedback and suggestions to the provider. For example, someone had identified a need for more sensory equipment and gardening activity. The 'We did' board stated, 'Plant seeds bought and designated area in the garden to grow these and sensory area has been created in the lounge with new equipment.' This showed staff were responsive to peoples wishes and needs.