Outlook Care

Outlook Care - Unit 6 Shelduck House, Billericay

Inspection report

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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

Overall summary

The inspection took place on 29 and 30 July 2015 and was announced.

Outlook Care - Unit 6 Shelduck House, Billericay provides personal care to people living in supported living. People who use the service have their own tenancies and receive their support from staff employed by Outlook Care. The majority of staff work regularly at a specific address and so provide consistent support for the same people. At the time of our visit the service was supporting 126 people.

The Commission had been made aware of an incident occurring at the service in which a person who used the service died, and this prompted us to carry out a full

Summary of findings

inspection. In the course of the inspection the Commission considered relevant matters arising from that incident to see if people using the service were receiving safe and effective care.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. Comprehensive and personalised risk assessments were carried out and measures put in place to manage and minimise any risk identified. People were supported by sufficient numbers of staff who were safely recruited. There were systems in place to support people to take their prescribed medicines safely.

People received support from staff that were regularly supervised and had the skills to meet people's complex and varied needs. New and existing staff had access to a flexible and comprehensive training programme.

The provider had policies in place with regard to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

Staff had a good understanding of the importance of obtaining consent and had put suitable measures in place where people lacked the capacity to make decisions. People were supported with meals and staff at the service worked with health professionals to support people with their health care needs.

People's independence was promoted by staff and they were involved in decisions about their care. People were treated with kindness, dignity and respect by staff who knew them well and their rights were upheld.

Detailed assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

There was a commitment to listening to people who used the service and to placing them at the centre of the organisation. The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff ensured people were safeguarded from abuse.

There were enough staff to keep people safe.

Staff were safely recruited

Staff supported people to receive their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were supported by staff that had the skills and knowledge to meet their needs.

Where people lacked consent, appropriate measures were in place to ensure decisions were made in their best interest.

People's nutritional needs were met by staff who understood what support they needed.

People were supported to maintain good health and access health services.

Good

Is the service caring?
The service was caring

People felt staff knew them well and treated them with kindness.

People were consulted about their needs and preferences.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

There was a focus on providing a service which was personalised and flexible to meet people's needs.

People were supported to voice their concerns and complaints were used as an opportunity to improve the service.

Good

Is the service well-led?
The service was well led.

The service had an open culture. The management team demonstrated a commitment to putting people at the centre of the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

There were systems in place to obtain people's views and their feedback was used to make improvements to the service.

Good

Outlook Care - Unit 6 Shelduck House, Billericay

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.

The inspection took place on 29 and 30 July 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to provide us with the information we required.

The inspection team consisted of one inspector and an Expert–by-Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in the care of disabled people.

We reviewed information we held about the provider, in particular notifications about incidents, accidents. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We visited two supported living schemes and met with people who used the service. We spoke on the telephone to a further eight people. We attended a relatives' forum, met the families of people using the service and telephoned and emailed six family members. We spoke with two team leaders, six care staff from the schemes and met with the registered manager and three other managers at the head office. In addition, we spoke with 2 health and social care professionals about their views of the service.

We reviewed a range of documents and records including care records for people who used the service, and those relating to the employment of staff, complaints, accidents and incidents and the management of the service.

Good

Is the service safe?

Our findings

People trusted the staff who cared for them. One person told us, "We're always safe." They knew who their key worker was and who to go to if they had any concerns.

Staff and management understood the importance of protecting people and keeping them safe. Staff were able to describe different forms of abuse and were aware of what to do if they felt a person was not safe. Where people were assessed as being at risk of vulnerable abuse, there was detailed guidance on helping them stay safe. The service notified CQC and the local authority openly and appropriately about safeguarding concerns. A social care professional told us that staff dealt with safeguarding incidents thoroughly. The management of the service was committed to learning from safeguarding incidents. There was a working group which monitored all safeguarding incidents and used this information to minimise risks across the service.

There were policies and procedures, both for managing risk for individuals and throughout the service. People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and proportionate and were based on the needs of the person. We saw assessments which gave guidance on how to minimise risk when escorting a person to hospital, or what water temperature was needed when supporting a person to have a bath to avoid scalding. Measures were in place to minimise risks from pressure sores, and we observed staff offering someone their pressure cushion before a meal.

Whistleblowing procedures were in place, which encouraged staff to report to managers any issues of concern in a timely manner. Staff said they were confident that any reports of poor practice or potential abuse would be dealt with appropriately by the registered manager. We were told of an example where a whistle-blower had raised a concern and a positive outcome was achieved. We noted that the whistle-blower was supported by managers throughout the process.

People told us they knew what to do in an emergency and there was a plan in place to enable the service to continue supporting people in the event of a major incident. Staff told us the on-call system was effective and supportive.

There was enough staff to meet people's changing needs. One family member told us, "There is a good ratio of staff whatever time I visit." Calculations of staffing numbers and rotas were based on a detailed knowledge of the support needed to meet people's needs. The service responded flexibly as people's needs and requests changed. There was a staff team which could be deployed flexibly in response to changing needs. We were told of an occasion where sufficient staff had been deployed to support people to attend a social event late into the evening and also support those who had chosen to stay at home.

Staff told us that they had been interviewed and that all relevant checks had been obtained to ensure that they were suitable to work with people who used the service. We looked at recruitment files for four staff and saw that references and criminal records checks had been undertaken. A new system was being set up to report on Disclosure and Barring Service (DBS) checks across the service to enable managers to monitor any gaps where staff checks needed to be updated. People who used service were positively supported to be involved in the recruitment process. A person told us, "We told the manager who we liked and who our favourite person was and they got the job." To enable people with a wide variety of needs to take part in the interviews, managers had set up an innovative and supportive process where prospective staff met people who used the service in an informal setting.

The provider had systems in place to manage the safe storage, administration and recording of medicines for people. Medicines were securely stored in locked cabinets in people's rooms. When people had been prescribed medicines on an as required basis, for example for pain relief, there were protocols in place for staff to follow.

Staff had advice about what to do when people refused their medicines and there was detailed information about what each medicine was for. Support with medicines was personalised and aimed at maintaining people's independence, for example staff had adapted an individual medicine recording sheet so that a person could understand it. Where possible people were encouraged to self-administer. This was done in a planned way and full risk assessments were carried out. Where a person did not have the capacity to understand the medicines being provided, the correct procedures were carried out so that

Good

Is the service safe?

they were administered safely. For example, there were records of meetings with the GP and other professionals to ensure that procedures were in place to administer medicines in a person's best interests.

We observed medicines being given and we saw that the staff were meticulous and knowledgeable in giving people their medicines. Staff recorded accurately the support they gave people with their medicines. The registered manager carried out checks to make sure processes were followed and that people were receiving their medicines safely. The Manager checked staff competency on a regular basis, and resolved quickly any issues which were flagged up. For example, staff in one scheme were instructed by their manager to update specific medication guidance and protocols when checks had found these were not of a satisfactory standard.

Good

Is the service effective?

Our findings

People told us they were supported by staff who knew what they were doing and helped them maximise their independence. A family member told us that staff, "Advise [person] and help, but they choose what they want to do." A person told us that, "They help us and we really enjoy it."

Staff had the skills and the knowledge to meet people's needs. They told us that they had received a thorough induction and we saw that staff completed a comprehensive period of training when they started working. The organisation was in the process of improving the induction programme further to increase the observation and assessment element so that support and training could address any gaps in skills and knowledge amongst new workers.

Established staff also received extensive training on an ongoing basis. A member of staff told us they had requested dementia training due to the changing needs of the people they supported and the service had arranged this. We saw the staff training programme and noted that this was comprehensive and flexible. In addition to mandatory courses such as safeguarding adults from abuse, there were courses to help staff meet people's specialist needs, for example, some staff had attended a course in malnutrition care and assistance with eating.

Training was used flexibly where there were gaps in knowledge, for example, a member of staff had received a one-to-one course to address concerns about their understanding of a particular issue. We were told that a new programme was being developed to improve planning and tracking of training across the service.

The organisation was constantly improving the training provided to keep up to date with best practice nationally, for example a working group had been set up to introduce the Care Certificate, a new certificate for all health and social care workers. There was also a commitment to involving people who used the services in the training of staff, for example people who used the service were paid to take part in the safeguarding training course and information was given at resident and relatives meetings about what training staff had received.

Staff were well supported and received regular supervision and annual appraisals. Staff had individual improvement plans to support the managers in addressing poor practice. We saw that this process had been successful in helping a member of staff to improve the manner in which they supported the people who used the service.

Staff had an understanding of the key requirements of the Mental Capacity Act (MCA) 2005 and there was a focus on ensuring people's rights were respected across the organisation. We noted that a professional carried out an assessment of a persons' capacity, staff had ensured there was a gradual introduction to give them enough time to get to know the person. A recent themed review of MCA by the organisation had highlighted the need to remind staff to discuss each person's capacity to make decisions. In addition, we were told the issue was being discussed with staff throughout the service, particularly in individual supervisions.

People were always asked for their consent before care, treatment and support was delivered, and staff considered people's capacity to make particular decisions. Where people did not have the capacity to make decisions they were given information in a way which they understood. We observed that where it had been decided that it was in a person's best interests for staff to support them with their personal care, staff were given detailed guidance on how to support them to make choices, such as offering two items of clothing for selection. Staff also had detailed guidance where a person refused to accept support. Staff involved the right professionals where capacity was an issue and advocates were in place to represent the views of people who did not have capacity.

Support was available to help people achieve a balanced diet. People told us that staff helped them cook their meals and this was a positive activity. Staff supported people to eat as a group or independently, depending on their preference. One person told us, "We all have Sunday dinner together and enjoy it." Information about food and drink was presented in a format that people could easily understand, using pictures. Where people were able, they were supported to maintain their independence. A family member told us, "The menu is [person's] choice, they do their own shopping, the staff are there to advise." Where people were not able to communicate verbally, staff amended menus based on what the person indicated their

Good

Is the service effective?

preference was, for example which food they seemed to enjoy. We observed that food was freshly cooked for people or where people were more independent, staff encouraged healthy eating.

Where people had more complex needs, staff provided specialist support to minimise the risk of poor nutrition and dehydration. There were measures in place for people who were at risk, for example where appropriate, people were weighed on a weekly basis. Staff followed detailed and personalised plans to ensure people were safe when eating and drinking. Where people had swallowing problems, staff had referred them to the appropriate professionals for guidance and support. We observed that some people had their food cut up to reduce risk of choking whilst others had their food blended.

People were supported with their health care needs. A person told us that, "Staff have helped me go to the GP," and we saw that people had been referred to health and social professionals such as chiropodists and district nurses when needed. Staff supported people proactively to maintain their health, for example people had regular scheduled dental appointments. We spoke with a social care professional who said that staff worked well with other professionals and always responded promptly to any queries. Staff enabled people to receive health care which promoted their wellbeing, for example we noted that staff had referred people to occupational therapy for an improved chair and arranged weekly massage sessions.

Good

Is the service caring?

Our findings

People told us that staff were caring and compassionate. We observed staff supporting people who could not speak with us. They were gentle, used eye contact and were patient when supporting them. A family member told us that their relative was very happy and that, "This is all due to the kind and professional work and perseverance of all of the staff, and the wonderful rapour they have built with [person]."

Staff knew people well, for example we observed that staff knew which books and magazines a person was reading. One member of staff told us, "I love the care there is here…it's like a family, we give so much time to people." Family members told us that when their relatives became distressed, staff treated them with compassion and we observed staff were calm and effective when supporting a person who was anxious. Staff demonstrated that they were focused on the person rather than on the task at hand. One member of staff told us that it was important that a person, "Should be able to go out and look lovely."

The organisation promoted the importance of people making personal choices and being in control of the support their received. We were told that people who used the service had developed a document called "Our Standards" and that one of the standards stated that people wanted to, "be in control of my life as much as possible." People told us that they had made the decision on how to spend money raised through their relatives fundraising. Where people were not able to communicate verbally, staff understood from their body language or through other communication methods what they wanted, for example one person used pictures to communicate. People had access to advocacy support and there were links to local advocacy services to support individuals as well as the various groups set up for people who used the service.

People's privacy and dignity was respected throughout the service. People who used the service were involved in training staff about the values which were important to them when receiving support. Staff treated people with respect, for example knocked on people's doors before entering. Confidentiality was respected, and we noted that when a person became distressed in a communal area, staff were discrete when supporting them to resolve their anxiety. Where people's needs meant that their privacy was affected, there were plans in place to ensure any imposition was minimised. For example, when a person was under continual supervision, specific arrangements had been made for when they received personal care.

Staff told us that in the past some of the schemes had been institutionalised and that they had made changes to promote people's dignity and individuality and ensured they lived in a more homely environment. For example, in one scheme the entrance hall had been re-decorated to make it less institutional and the signing in book and suggestion book had been put in a less prominent position.

Good

Is the service responsive?

Our findings

People told us that the care they received was personalised and responsive to their needs. One person told us, "Staff come in to give me a hand with my shower," and other people described how staff took them shopping. A family member described how the service their relative received was, "Totally reliable and flexible."

People were involved in identifying their needs and how these would be met. A family member told us that staff had, "Put [person's] needs, wishes and reactions at the front of all decisions and choices concerning their life." Their views and the choices they made were central to the service being provided. For example, a member of staff said, "[Person] likes a lie in so they always get up last." Where people couldn't verbally communicate, staff were skilled at recognising non-verbal signs and adapting the support being provided. Therefore, where people were too anxious to visit resources in the community, such as hair dressers, staff had arranged for home visits instead.

Assessments of need took place prior to a person moving in and were revised as people's needs changed. People's needs were set out in detailed plans that provided staff with the information they required to provide support in a personalised and consistent way. The manager told us that there was a focus on supporting people to fulfil aims and outcomes which had been agreed with them. Staff worked with people in a holistic way, for example they had helped people develop one page profiles with information such as, "What people know, like and admire about me." Where appropriate, plans were adapted in response to people's communication needs, for example through the use of pictures and photos. We saw that people with specific requirements had detailed communication passports, which were documents used to assist other professionals in communicating with them. People's support was reviewed regularly and the notes from reviews of their support were straightforward and used plain English.

The service supported people to maintain their relationships. People's families and key individuals were invited to reviews as appropriate, and were provided with opportunities to contribute their views. A family member told us, "I feel supported by staff, too." Staff recognised that people were living in their own homes and assisted them to welcome families and friends as they wished. Where people had difficulties in their relationships with other people, such as other people who used the service, staff worked with them to resolve any issues. For example, an advocacy group had been invited in to carry out a workshop with people about bullying.

Staff supported people to take an active part in their community. At one scheme, staff had helped prepare people for voting by having a trial voting day. A person showed us photographs of a trip to a local fire station and another told us about going with a member of staff to have a coffee at a local theatre to select which performances they wanted to go to. We observed staff talking to people about their holidays and each person had been supported to go on a holiday of their choice.

Complaints were taken seriously. There was a range of ways for people to feed back about their views of the service and to raise any issues or concerns. People told us they knew who to speak to when there were problems and, "The managers sort it out." Family members told us that where there had been issues, these had been dealt with effectively and efficiently, and the service had learnt from the complaints. For example, one family member said the manager had invited in a local health professional to develop staff's skills where there had been gaps in their knowledge. The organisation had recognised that some people struggled to express their views verbally, for example through reviews and surveys, and was arranging a workshop with an art therapist to draw out people's views about their experience of care.

The manager showed us a log of complaints where the service captured trends and looked for solutions across the service. In one scheme, the number of complaints had led to an unannounced visit from a senior manager. We saw a range of measures had been put in place to resolve any identified concerns, which included moving the office to ensure the on-site manager was more visible.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person centred and focussed on the needs of the people receiving support. We observed an open door policy where people felt able to approach senior staff members to discuss their issues or just to talk about what they had done that day. A person told us managers met with them to discuss their views and that it was an opportunity to, "Let them know what's going on." One family member told us, "There are absolutely brilliant managers, always happy to have a little chat with us."

There was a clear vision and commitment to involving people in developing the service in an ongoing and meaningful way. There were a number of working parties and forums which involved people who used the service and their family members to ensure that all views were represented. Measures were in place to promote the inclusiveness of this process, so that people who were non-verbal were supported by specialist staff to express their views about the service. Managers had demonstrated their commitment to resourcing these measures, including funding the an art and music therapist to work with people with complex needs to facilitate their involvement in the development of the service.

Staff had the confidence to question practice and were confident that their concerns would be thoroughly investigated. They told us poor performance was dealt with well and gave us examples of where staff's practice had been challenged effectively. The staff forum enabled staff to express their views and to share good practice across the organisation.

Managers were visible and promoted an open culture. Our records showed that the registered manager understood their responsibility to notify the CQC, and senior staff throughout the organisation supported them in this function. The registered manager understood the need for the service to be open, for example with families, when things went wrong and gave us an example of where they had communicated openly following a specific incident. The structure of the service promoted accountability at all levels with board members being involved in visiting schemes alongside teams of people who used the service.

There was a commitment to ensuring the service kept abreast of changing legislation and best practice, and the organisation worked with other key partner organisations to share information and learning, for example they attended a steering group focussed on the needs of people with autism.

There were robust and comprehensive systems in place to monitor quality and to drive improvements. An internal auditing programme was carried out by local and area managers which included unannounced and out of hours visits. Logs of accidents and incidents were examined to look for trends and work proactively to minimise the possibility of these happening again. The manager demonstrated that these audits were used to achieve positive change. Action plans were developed for individual schemes, which commended good practice and made recommendations and requirements. In addition, regular themed reviews took place to measure quality and practice in specific areas. For example, recent reviews had taken place which focused on safety and support planning.

People who used the service and other stakeholders took part in an annual survey. The result of the audits and the survey were used to inform future planning. For example, a forum had been set up for staff to explore the wider issues of involving people and consider how to support change across the organisation.