Outlook Care

Outlook Care - Hulse Avenue

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 was unannounced and took place on 9 July 2015. We last inspected the service on 8 November 2013 and found the service to be compliant in all areas inspected.

Hulse Avenue provides accommodation and support with personal care for up to five older and younger adults with learning disabilities, dementia, autism and physical disabilities. On the day of our visit there were five people using the service.

The service had a manager in post for five months who was in the process of being registered with the commission. 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.

Summary of findings

People told us they liked living at Hulse Avenue. Staff had good knowledge on how to protect those in their care and how to report and respond to concerns of suspected abuse. Staff had a clear understanding of their responsibilities within the company's safeguarding policy. Risk assessments were in place however were not always reviewed regularly. This meant people were not always supported by staff who had up to date information on how to minimise known risks.

Staff received on-going training to effectively carry out their role.

The service had robust systems in place to ensure appropriate staff were recruited in line with good practice. For example references and DBS (Disclosure and Barring Services) checks were completed prior to staff starting work.

Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Robust medicine audits were carried out three times a day to ensure any errors were identified immediately and acted upon. This meant that people were protected against poor medicine management.

Observations showed that people were treated with dignity, respect and compassion. Staff were observed communicating with people in a manner they understood. Staff encouraged people to spend times with their peers and actively involve themselves in the local community where appropriate.

People were supported to maintain a healthy lifestyle. People were encouraged to participate in all aspects of the delivery of their care, for example choosing what they wanted to eat and drink, what to wear and what to do regarding activities.

Staff told us that they would be better supported if the manager spent more time at the service rather than at other services. Staff felt that the deputy manager worked both on the floor and in the office one day a week, however this was not enough to get all the work completed in the absence of the manager. Relatives told us, "We aren't sure who the manager is".

We found one area where we have made a recommendation to the service, which is detailed in the report.

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?

Requires improvement

The service was not always safe. Staff had a good understanding of safeguarding and the process of reporting suspected abuse.

Staff told us and rotas confirmed that the service would benefit from an additional staff member on shift to directly support people. We observed people having to wait to be supported as there were insufficient staff on duty.

Robust recruitment checks were in place to ensure suitable staff were employed to work within the service.

The service had comprehensive risk assessments in place, which were reviewed regularly. This meant that changes to identified risks were documented.

The service demonstrated good practice with regards to medicine. Audits were carried out three times a day which meant that any discrepancies were identified immediately and acted on. This meant that people were protected against the risk of poor medicine management.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to carry out their role effectively.

Staff received on-going comprehensive training, this meant that people were supported by staff that were up to date with how to deliver appropriate care.

Staff received regular supervision and appraisals. This meant people were supported by staff who reviewed their working practices.

Is the service caring?

Good

The service was caring. Staff treated people with dignity and respect at all times.

Staff had good understanding of the importance of maintaining people's privacy and dignity and this was observed during the inspection.

People were informed about what was going in throughout the day, staff gave explanations in a manner that people understood. This meant that people were enabled to have a greater understanding of what was taking place.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and tailored to people's needs.

People were encouraged to participate in a wide range of activities both in-house and in the local community.

Summary of findings

Concerns and complaints were documented and where appropriate acted upon to ensure these were not repeated.

Is the service well-led?

Good

The service was well-led. The manager carried out regular audits to gain people, their relatives and other health care professionals feedback on the service provision.

Records relating to care plans, staff files, training and health needs were up to date and reviewed regularly taking into consideration people's changing needs.

Risk assessments were reviewed and updated regularly.

The manager carried out regular audits of the service provision. Audits look at the health and safety, infection control, medicine, staffing, food and drink and activities. Robust quality assurance questionnaires were completed by health care professionals, relatives and board members. This meant that highlighted areas of concern were acted upon immediately.

Outlook Care - Hulse Avenue

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 9 July 2015 and was unannounced. The inspection consisted of one inspector with the commission.

Before the inspection we gathered information we held about the service. For example we looked at statutory notifications the service had sent us in the last 12 months and information shared with us from other professionals involved with the service.

We spoke with two people who used the service, three relatives and three care staff. We also looked at documentation the service held for example, we reviewed three care files, two staff files, maintenance file and two people's medicine records.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Oh yes", when asked if they felt safe at the service. Another person indicated they felt safe by using hand gestures in response to our question. After the inspection we spoke with people's relatives who told us that they felt their relative was safe living at Hulse Avenue.

Staff told us that the staffing ratio was not always accurate. For example one staff member told us, "When there are no community based activities then the staff ratio is fine, but if people are accessing the community then it's tricky." Another staff member told us, "It's frustrating that people can't go out as much as they want. The staffing levels are out of our hands." We looked at the rota and found that there were at times instances when the service might benefit from an extra member of staff, to ensure that all activities could be carried out and suitable numbers of staff remained in the service to support others effectively. During the inspection we saw situations where staff had to support their colleague leaving people unsupported in the lounge for periods of time.

We recommend the service review their staffing levels to ensure that people are supported safely.

We looked at risk assessments and found that these were comprehensive and included information relating to both known and unknown risks. For example risk assessments covered use of wheelchairs, self-harm, medication, manual handling and finances. We found that whilst the risk assessments were in place they were not always easily located in the file.

The service had robust systems in place to ensure medicine management was safe. We observed staff administering medicine and found that staff followed the correct procedure. We carried out an audit of two people's medicine. We looked at the medicine recording sheets (MARS) and found that these were completed in line with good practice and were clear and concise. We then checked that the correct amount of medicine was present and found that this was confirmed during our audit. The service demonstrated good practice in regards to medicine audits. These were undertaken a minimum of three times a day by staff who would check that the correct amount of medicine was present and that medicine had been administered correctly. This meant that any discrepancies with medicine was identified quickly and acted upon immediately.

Staff had good knowledge of their responsibility regarding safeguarding. Staff were able to recognise the different types of abuse and how these may manifest in a person's behaviour. When asked staff correctly indicated the process for reporting suspected or actual abuse. A staff member told us, "Safeguarding doesn't just start within the service. Safeguarding includes ensuring you have vetted and employed suitable staff." They went on to say, "I'm aware of the whistleblowing policy and I have no concerns with reporting anything that I feel is not right. We are here to protect people and that means we do whatever we can to make sure they are safe". This meant that people were protected against abuse by knowledgeable staff.

The service carried out rigorous checks to ensure the safety of the premises. For example we reviewed documentation that showed bath hoist, hoists, wheelchair, lifting equipment and fire safety equipment had been reviewed in line with good practice. We looked at the maintenance records and found that staff followed the company policy regarding reporting maintenance concerns. We found that concerns raised had been actioned and rectified within a timely manner. This meant that people were living in an environment that was regularly checked to ensure it was safe.

Incidents and accidents were logged detailing how the incident occurred, what the outcome of the incident was and how the information would be used to ensure there were no repeat incidents. We looked at one incident log that showed immediate action had been taken in order to ensure people's safety. Specific identifying codes were used to ensure that people's confidentiality was maintained. This meant that the service learnt from incidents and accidents and that people were protected from reoccurring incidents.

The service had robust systems in place when recruiting new staff. We looked at two staff files and found that security checks had been carried out prior to people starting work. For example, each file contained two references and a DBS check.

Good

Is the service effective?

Our findings

Relatives told us that they felt staff had the skills and knowledge to carry out their role effectively.

Upon commencing employment, staff undertook a comprehensive induction programme to ensure they were competent to work alone in the service. The induction programme followed the common induction standards. We looked at staff files and found completed lone working risk assessments in place. A staff member told us, "I shadowed staff for a couple of weeks to make sure I had learnt about the people I would be supporting".

Staff received on-going training in all areas relating to their role. For example we looked at staff training records and found that staff had received the following training: medicine administration, equality and diversity, people handling including risk assessment and manual handling, first aid and principles of safeguarding and protection. This meant that people were supported by competent and knowledgeable staff.

Staff told us and records confirmed that they regularly received supervisions and appraisals. Records showed that staff discussed their role, work load, keyworker duties, health and safety, training and people's needs during supervisions and were given the opportunity to request additional support and training should they have felt it necessary. Supervisions also gave staff the opportunity to discuss future personal development.

Staff were observed effectively communicating with people they supported. Documentation in place showed people's preferred method of communication. We looked at one person's file where they had a 'communication passport', this showed what staff needed to know prior to communicating, who is important to them, things they like to talk about, how they communicate and what staff must not do when communicating. The communication passport was person centred and gave staff clear guidelines on how to effectively communicate with the person. This meant that people were supported by staff who had the skill and knowledge to communicate in a way that people understood.

We spoke with staff and discussed the MCA and DoLS, staff had good knowledge about their role in ensuring people were not unlawfully deprived of their liberty. A staff member told us, "I sit down with the person and discuss with them what we are trying to do and give them the information in a way they understand so that they are informed. We then let them know what could happen as a direct result of their decision. Just because we think something may be a poor decision doesn't mean it isn't right for that person." Documentation confirmed that staff had received MCA and DoLS training and that where legally required processes regarding best interests decisions had been required that these had followed legislation. This meant that people were not deprived of their liberty unless the correct procedures had been followed.

People were asked to give their consent before receiving care, we saw evidence of this throughout the inspection. Staff were observed asking people's permission before delivering any care and giving people enough time to answer. Consent was sought in relation to self-care, accessing the community, taking medicine and food and drink.

Staff supported people to access health care specialist to ensure their health care needs were met. We reviewed documentation that evidence staff had sought referrals for additional input. For example we saw referrals made to the GP regarding medicine reviews and consultations. The service had health action plans in place. Health action plans are documents that help people to know what they can do to maintain their health and help they can get to remain healthy. This meant that people's health care needs were monitored and reviewed to ensure they were being met.

Relatives told us, 'She [relative] gets enough to eat, I don't see what she eats, but I know she doesn't go hungry". When we spoke to people they told us that they had enough to eat. During the inspection we observed people having their lunch. People were encouraged to participate in choosing what to have and help prepare the meal. People indicated when asked that they enjoyed their meal and this could be seen by the amount people ate.

Good

Is the service caring?

Our findings

Both people and relatives spoke positively about the care provided. When we asked one person if they found staff at the service caring, they smiled then reached towards the staff present, indicating they were happy with the care worker. A relative told us, "[My relative] is very very well looked after, she couldn't be in a better place."

We observed staff interacting with people in a kind, caring and compassionate manner. Staff sat with people and used active listening skills and other methods of communication such as gentle pats on the arm to add reassurance. The service had a friendly and welcoming atmosphere and people were encouraged to move freely around the service. People told us they were happy living at the service.

People were treated with dignity and respect at all times during the inspection. Staff were observed knocking on people's doors before entering, asking people if they wanted to do things and ensuring that people's doors to their room were shut when personal care was being delivered.

There was a keyworker system in place, keyworkers liaised with relatives to keep them up to date with any changes to people's needs. A relative told us, "The keyworker always lets us know what's going on. If [my relative] requires a new sling for the hoist, they call us and ask our permission, if she has gone out on a trip they let us know". Keyworkers had monthly meetings with people where they asked a series of questions such as, are you happy here, is there anything worrying you, is there anything that you need, is there something you'd particularly like to do?. Keyworkers used communication passports and other communication tools to ensure people understood This meant that people were given the opportunity to raise topics with staff regularly.

People were involved in all aspects of the delivery of their care. Staff ensured that people were given explanations about what was happening. For example staff shared information with people relating to when it was lunch time and if they wanted to engage in activities and if they would take their medicine. Staff were patient when explaining what was happening and used different communication methods to ensure that people understood what was being said to them. This meant that people were aware of what was happening at all times within the service.

Staff told us they consistently supported people to be as independent as possible, for example one staff member told us, "We are here to help them if they need assistance but we are not here to de-skill people." We saw evidence that skill teaching processes were in , for example one person was being supported to put her make up on independently of staff. This was then reviewed by staff regularly to ensure ascertain if the person's independent skills were improving?.

We spoke with staff about the importance of maintaining people's confidentiality and their responsibility to work in line with company policy. Staff had a good understanding of maintaining confidentiality. One staff member told us, "We don't talk about people in front of others; we wouldn't find it acceptable if it happened to us." This meant that people's confidentiality was not breached.

The service had access to an advocacy group, which the service liaised with when there were decisions to be made regarding the delivery of care, or other areas where an independent view of people's best interests were considered. For example we saw documentation that the advocacy service had been involved in the decision making process for someone to go on holiday. The service had followed good practice guidelines to ensure that people were not made to do something that was not in their best interests.

Good

Is the service responsive?

Our findings

Relatives told us that they were invited and attended review meetings regarding the delivery of care for their relative. For example one relative told us, “We do get invited every six months or so. We discuss everything about [my relative] and we can give our suggestions and thoughts on topics.”

During the inspection we looked at three care plans and found that these were comprehensive and person centred. Information relating to people’s likes, dislikes, history, preferences and strengths were documented. We also found that information relating to health action plans, support plans, medicine reviews, MCA and DoLS, exercise programmes and charts monitoring observations. Care plans were reviewed regularly to ensure they were up to date and contained the most accurate information.

Relatives told us they were invited to care reviews every six months. One relative told us, “We get to give our views about the care [my relative] receives. We discuss every aspect of her care. And they keep us in the loop.” They went on to say that they were also invited to the ‘family care forum’, where relatives get together to discuss the care provision. A relative told us, “These meetings take place every three to six months. We get to find out about the company and what’s going on. They are useful.” This meant that people were involved as much as possible in their care planning.

Staff told us, “People’s well-being is important, we make sure we alert the Dr, manager or others should someone become unwell or in need of medical help”. Relatives confirmed what staff told us, one relative said, “Staff will always call us if she [relative] is under the weather, they always alert us”.

The service provided a wide range of activities for people to engage in if they wanted. At the time of the inspection one person was accessing the community for a club that they attend weekly. Other activities include, shopping, meals out, sensory sessions in-house and day trips. Staff told us they encouraged people to engage in activities however were respectful of people’s decision if they felt they didn’t want to. Staff were aware of the risks relating to social isolation and told us that they would always encourage people to leave their rooms so that they can could socialise with their peers. This meant that people’s views were listened to and respected.

People were offered choices throughout the inspection, for example at lunch time people were asked what they wanted and if they wanted to prepare the meal themselves. Staff encouraged people to participate in meal preparation and on the day of the inspection one person made their own lunch. Staff were also observed asking people what they wanted to do and whether they wanted to go out into the community later or remain within the service. Staff were respectful of people’s decision however would re-ask a while later in case people had changed their minds.

When asked people indicated by means of facial gestures and nodding that they felt they could complain if there was something concerning them. We reviewed the concerns and complaints folder and company policy and found that there was a robust procedure in place to investigate concerns and complaints. The service had not received any complaints in the last 12 months.

Good

Is the service well-led?

Our findings

A staff member told us, “The manager is approachable and helpful.” They went on to say, “The team leader is really good and flexible, she’s hands on and wouldn’t expect us to do anything she wouldn’t. She’s very fair and if she can help you she will.” Another staff member told us, “The manager is approachable but is only in the service two or three days a week.”

Relatives were unsure who the manager was. We spoke with a relative who told us, “I haven’t met the manager, I don’t know who that is.” They went on to say, “I know the staff really well and can talk to them, however I don’t recognise the name of the manager”. Relatives told us they knew the team coordinator and would raise any concerns or questions about the service with her.

People were supported to be involved in the running of the home through meetings and discussions with their keyworker. We looked at minutes of meetings and found that a range of topics were discussed and decided upon based on peoples suggestions, for example food, activities and holidays.

Staff told us the manager operated an open door policy, this meant that people could contact the manager as and when required. We saw evidence of this during the inspection when staff telephoned the manager who was not working that day for advice and guidance. This meant that even if the manager is not present within the service she was contactable and able to assist or advise when required.

During the inspection we spoke with the team coordinator who told us that there was an open and transparent approach within the service. For example, information was shared between management and staff on an on-going basis. This meant that people were supported by staff that had the most up to date information.

Staff took accountability for any errors and were keen to learn from them. For example one care worker told us, “We learn from our mistakes all the time, I’ve been here for many years and I still have things to learn.”

Documents held by the service were kept in line with good practice. Documents were clear and concise and available to members of the team to access as and when needed. Confidential documentation was kept locked securely with only those who had authorisation having access to them.

Regular audits of the quality and safety of the home were carried out by the manager and every quarter by board members. These included the environment, care plans, infection control and health and safety. We saw evidence action plans were developed where needed and followed to address any issues identified during the audits.

The service actively encouraged people to be involved in their local community as much as possible. People accessed the community weekly with some attending the YMCA day centre. This meant that people were active in their local community.