

# New Outlook Housing Association Limited

## New Oaks

### 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

This unannounced inspection took place on 31 March and 9 April 2015. New Oaks can accommodate up to six people who have learning disabilities and visual impairment who need support to live in the community.

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.

The service met all of the Regulations we inspected at our last inspection in June 2013. People told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

The arrangements for the storage, administration and recording of medication were good so that people were protected from possible errors.

People who lived in this home and, where appropriate, people's relatives, told us that they were happy with the

# Summary of findings

care provided. They told us how the staff asked people about what they wanted to do and what support they wanted. People told us that they were supported to attend social and educational activities of their choice. People's relatives were encouraged to visit and were made welcome.

Throughout our inspection we saw examples of and heard about good care that helped make the home a place which felt homely and lively. People and, where appropriate, their family members were involved in the planning of the care. People were treated with dignity and respect.

Staff working in this home understood the needs of the people who lived there. We saw that staff and people living in the home communicated well with each other and that people were enabled to make choices about how they lived their lives. People and, where appropriate, their relatives, told us they were happy with their care.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the home and demonstrated a good understanding of their roles and responsibilities, as well as the values of the home. The staff also received on-going training to make sure that the care provided to people was safe and effective to meet their needs.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure that the rights of people who may lack

mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being deprived of their liberty.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided.

People were supported to eat meals which met their needs and suited their preferences.

The manager assessed and monitored the quality of care consistently. In addition to regular observations of staff, the manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided. The manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation. The provider encouraged feedback from people who lived in the home, their family members, advocates and professional visitors, which they used to make improvements to the service.

# 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?

Good



The service was safe.

People told us that they felt safe. People's relatives told us that, in their opinion, the home was safe.

Staff we spoke with knew how to keep people safe. They knew the correct procedures to follow if they thought someone was being abused.

Staff managed people's medicines safely and encouraged them to know what medicines they were taking and the reasons why.

There were enough members of suitably recruited staff to meet people's needs.

### Is the service effective?

Good



The service was effective.

People and, where appropriate, their family members were involved in their care and were asked about their preferences and choices.

People received care from members of staff who were well trained and supported to meet people's individual needs.

The Registered Manager and staff had a good understanding of the requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat meals which met their needs and took account of their preferences.

### Is the service caring?

Good



The service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and the running of the home and took these into account when planning the care and support.

Staff communicated well with people. They took people's views into account and made efforts to make sure that they were able to pursue lifestyles of their choice.

### Is the service responsive?

Good



The service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

The staff encouraged and enabled people to have contact with relatives and friends, where possible.

### Is the service well-led?

Good



The service was well-led.

# Summary of findings

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There was a homely and lively culture in this home where people were included and consulted.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The registered manager made use of good systems for monitoring staff performance and for ensuring that the high standards within the home were maintained and, where possible, improved upon.

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# New Oaks

## 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 inspection took place on 31 March and 9 April 2015 and was unannounced. It was undertaken by one inspector. During the course of the inspection we met all the people who lived at the home.

Before the inspection we reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people

receiving care, this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with three people who lived at the home. Some people's needs meant that they were unable to verbally tell us how they found living at the home, but we observed their gestures and facial expressions. Others were able to provide us with information about how staff supported them. We observed how staff supported individuals throughout the day.

During our visits we spoke with several members of the staff team, a volunteer, a visiting professional and the Registered Manager. After the visits we contacted several relatives and a health professional by telephone and e mail for their comments.

We looked in the care records of four people, including the records of their medication and at a sample of records maintained by the home about staffing, training and monitoring the quality of the service.

# Is the service safe?

## Our findings

People who lived in this home and their relatives told us that people were safe in this home.

The risks of abuse to people were minimised because there were clear procedures for staff to follow in the event that they suspected that abuse was taking place. Staff told us that they received training in recognising the various possible types of abuse during their induction period and at regular update sessions, including staff meetings. They showed that they knew who to contact if they had witnessed abuse or suspected that abuse had taken place. We saw that there was information about how to report suspected abuse in the home and this was accessible to people who lived and worked in the home as well as to visitors.

We looked at the ways in which staff minimised the risks to people on a daily basis. There were clear guidelines for staff about the possible risks to each person in a variety of situations such as using transport, bathing and eating. Staff demonstrated that they were aware of the measures to take in relation to specific people in order to keep them as safe as possible. On the second day of our visit staff were encouraging people to apply sunscreen before going into the garden, showing that they were keeping people safe from the possible dangers.

We saw that the provider had systems to make sure that there were sufficient numbers of staff to provide people with the support they needed and to keep them safe. The registered manager told us that the staffing numbers were determined by the needs and dependency levels of the

people in the home. A senior member of staff explained how the rotas were drawn up to take account of people's needs and choices so, for example, if someone living in the home wanted to go out for a long day, the staff member would be asked to work a longer shift. The managers knew which staff were the most skilled at working with particular people because of their needs and this was taken into account when devising the rota. Staff and relatives confirmed that there were enough staff to meet people's current needs.

All prospective employees were checked through a robust and comprehensive recruitment process which included two references, confirming people's identity and right to work in the UK and making checks through the Disclosure and Barring Service. Staff told us that they had not started work before these checks had been carried out. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People were protected against the risks associated with medicines because the provider had good arrangements in place to manage medicines. We saw that the medicines were stored in a suitable secure location. The records of the administration of medicines were appropriately completed and up to date.

Staff told us that all staff who administered medication had been trained to do so and that there were regular checks on their competence. Where people administered their own medication, staff had carried out risk assessments to make sure that it was safe for them to do so and these risk assessments were reviewed on a regular basis.

# Is the service effective?

## Our findings

We saw that people in this home had a wide range of abilities and needs. For example, some people could go out alone and others required a higher level of support.

We talked to staff about how they delivered effective care to individuals with differing needs. They showed that they knew each person's needs and preferences well and had the necessary skills to carry out the required tasks. Relatives told us that staff communicated well with people who lived in the home. One person said, "They know [relative's name]'s 'quirky' ways! [Relative's name] always seems very happy."

All of the staff we spoke with told us that they were well supported and received good opportunities for training to enable them to provide effective care. The majority of the team had worked together for several years and they had developed effective ways of working together. Newer members of staff explained how they had received induction training and had been welcomed into the team by staff who helped them to develop their skills and knowledge in relation to people's needs. One newer member of staff told us, "Everyone has been really helpful."

The records showed that all except the newest member of staff had received training in the basic areas and this had been renewed on a regular basis. The registered manager told us that she supplemented the training with 'toolbox talks' at staff meetings to make sure that staff had a full understanding in the required areas. Staff said that they were encouraged to undertake further training. A tutor from the college where staff undertook their National Vocational Qualifications (NVQ) training told us that there was an expectation in this home that all members of staff would undertake at least level 2 training and then would be encouraged to undertake level 3.

People were supported to have sufficient to eat and drink. Staff demonstrated that they knew each person's needs and preferences in terms of food. Records showed what food and drink each person needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dietitians when necessary in order to assess their nutritional needs.

People told us that they enjoyed their meals. Where people had needed to change their food intake in order to reach a weight which was considered to be healthier, staff had supported them in this. Meals were served at different times, when necessary, to accommodate people's activities, waking times and preferences.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. Staff accompanied people to health appointments. Each person had a plan to show how their health needs were being met. People were supported to have regular medical checks and, where appropriate, screening, in order to stay as well as possible.

The registered manager showed that she was aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). She and the staff were aware of the need to keep under review the arrangements for all the people living in the home and to make applications, where required, to the relevant authorities. There was no-one in the home whose liberty was being restricted at the time of our visit but the registered manager demonstrated that she knew what action to take should this ever be necessary.

# Is the service caring?

## Our findings

Relatives of people who lived at the home told us that they thought that the staff were caring. One relative told us, “Whenever we visit or telephone to inquire about [relative’s name], the staff are always helpful and happy to discuss [relative’s name]’s needs and requirements.” Another relative commented, “I visit [relative’s name] on a regular basis, I can turn up to visit at any time and am always made welcome and offered drinks. The staff have always treated [relative’s name] with compassion” A health professional told us, “The staff are great; I feel the one to one care is brilliant.”

We observed staff interacting with people who lived in the home and saw that people looked comfortable in staff company. We saw that people were involved and included in the everyday interactions. When we arrived at the home it was a hot day and some people were sitting in the garden. Others were in the living room or in their rooms. There was a lively, homely atmosphere. Throughout the day people moved freely about the home, chatting to staff as they passed each other.

Staff demonstrated that they respected people’s rights and choices by affording them privacy when they wanted this.

For example, when we visited, some people had chosen to spend time in their bedrooms. Staff respected this choice. Staff introduced us and asked permission from people before we spoke with them.

We saw staff engaging with people and demonstrating that they knew their preferred methods of communication. We saw that the information in people’s care plans about their preferred method of communication was detailed.

The registered manager demonstrated a good knowledge of the available technology to help people with visual impairment and had helped people to obtain items which made their lives easier, such as speaking clocks and kitchen equipment with safety features.

We saw that people looked well cared for. People were supported to attend to their personal care needs and to choose that they wanted to wear. A relative told us, “[Relative’s name] always looks well dressed and clean.” This showed that staff respected people’s dignity by recognising the importance of looking clean and well groomed.

We saw that staff took account of people’s diversity. For example, staff respected people’s choices in relation to religious observance. One person told us that they had enjoyed going to church on Easter Sunday and said that they enjoyed singing hymns.



# Is the service responsive?

## Our findings

People told us that staff helped them to do the things they liked doing. People were supported to access social activities and hobbies which were important to them. People told us about trips to seaside towns and holidays which they had enjoyed.

We looked at three people's care files. These gave detailed information about people's health and social care needs. We saw they were individual to the person and included plenty of information about people's likes and preferences. In the records we viewed we saw that risk assessments had been written for people on an individual basis which had identified areas in which staff needed to take particular actions in order to minimise the risks. This showed how staff enabled people to be as independent as possible. For example when people went out alone staff negotiated agreements about the times when they would return.

Some of the people living at the home had difficulty expressing their needs and wishes verbally, however staff had worked with people (and others who were important to them) to support people to express themselves through non-verbal communication. We observed that the staff were responsive to people's needs. We saw in records that holidays and outings were planned around people's individual preferences and interests. People's occupational needs were discussed regularly by the care staff and this enabled options of new activities to be considered. Some people enjoyed visiting a day centre and others preferred shopping trips or visiting their relatives.

In order to monitor people's progress, staff recorded each person's activities, their behaviour and communication, food intake and contact with other people to provide an

overall picture of the person's wellbeing. The registered manager and staff reviewed each person's records regularly to monitor any changes which had taken place. Staff provided examples of when people's behaviour had changed and the action which they had taken. This ranged from making changes to people's environment to contacting health services to check that the person's medication was appropriate.

People were encouraged to maintain contact with and to visit their family members, where appropriate. Relatives told us they were made welcome and could visit at any time. Regular meetings were held with people to discuss any changes in their needs and outcomes of their experiences so that personal plans continued to reflect people's current needs. The registered manager told us that feedback was gained from as many people as possible, including relatives and health professionals in order to make sure that people's needs were met

The registered manager had made the complaints procedure available in formats that people could understand. Some people at the home may not be able to make a complaint due to their communication needs and level of understanding. People's care plans contained information about how they would communicate if they were unhappy about something. Staff were able to tell us how they would know if people were unhappy about something, because they were well attuned to people's gestures and moods. The registered manager told us that whilst they had not received any recent complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

# Is the service well-led?

## Our findings

People living at the home, relatives we contacted and staff told us that the registered manager was approachable and available if they needed to speak with her. A visiting professional told us, “I have every confidence in the manager.” Relatives of people who lived at the home and visiting confirmed that they were encouraged to provide feedback and make their views known.

Staff received support to maintain high standards. Staff told us that they had opportunities to contribute to the running of the home through regular staff meetings and supervisions. All of the staff we spoke with told us they would feel confident to report any concerns or poor practice if they witnessed it and had confidence that the manager would listen and take appropriate action.

The registered manager had established good links with the local community for the benefit of people in the home. People who lived in the home attended a range of local facilities such as day centres, shops and church on a regular basis. The registered manager supported students from local educational establishments on placements at the home and valued their observations on how the home operated and their new ideas, for example in relation to recreational activities.

The registered manager of the home demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager. The registered manager demonstrated that she was aware of the latest information provided by CQC and demonstrated that the home

continued to comply with current Regulations. The registered manager had considered the changing needs of people in the home as they aged and how the building may not be suitable for some people in the future. She was exploring possibilities for the future so that people could have continuity of care as their needs changed.

The culture of this home reflected the registered manager's approach of putting the wishes of people who use the service at the forefront of all decisions made. Known as the ‘Eden Alternative’, the service is one of a number of services nationally which have adopted the philosophy of the project. One key element of this approach is that there are elements of variety and spontaneity in people's daily lives.

Support was available to the registered manager of the home to develop and drive improvement and we saw that there was a system of auditing of the quality of the service. This included monthly Key Performance Indicators. The registered manager completed returns for the provider in relation to key areas including safeguarding, incidents, accidents and compliance with relevant legislation. These were then reported to and scrutinised by a scrutiny committee which involved board members and people from the home. As well as checks on the records, the registered manager carried out regular observations on the staff as they carried out their duties. One member of staff told us, “She keeps us on our toes.” Records showed that, in addition to the checks carried out by the registered manager, representatives from other parts of the organisation also visited the home to monitor, check and review the service and ensure that good standards of care and support were being delivered.