

New Outlook Housing Association Limited

Chatham Place

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 ●

Summary of findings

Overall summary

About the service:

Chatham Place is a community based extra care facility that was providing personal care to 15 people with visual impairment aged 65 and over at the time of the inspection.

People's experience of using this service:

People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and appropriate action taken.

Staff had the skills and knowledge to meet people's needs. People's nutritional needs were met. People accessed health care when needed. The environment where people lived was well maintained and smelt clean and fresh.

People were supported by staff who were kind and caring and knew them well. Staff were compassionate and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. People were supported to take part in social activities. The provider had a complaints process which people were aware of to share any concerns.

The service was well managed. The registered manager was known and made themselves available. Feedback questionnaires were used to gather information about people's views. Spot checks and audits were carried out to ensure the quality of the service was maintained.

Rating at last inspection:

This is the first inspection for this service.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Chatham Place

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Chatham Place is a community based extra care facility. The Care Quality Commission regulates the care provided. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager was available.

What we did:

We used information the provider sent us in their provider information return. This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

During the inspection process we spoke with five people, five members of staff, one relative, one healthcare professional and the registered manager.

We looked at the care and review records for four people who used the service and three staff files. We looked at recruitment and training files. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service felt safe. One person told us, "Yes, I feel safe here."
- Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening in the future.
- The provider had security cameras in place in the reception area and corridors at Chatham Place to keep people safe

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current needs.

Staffing and recruitment

- There were enough care staff to support people.
- There were recruitment processes in place and we saw evidence of recruitment checks taking place before care staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- Where medicines were given 'as and when required' there was guidance in place so this would be administered consistently.
- Medication administration records we observed were filled out correctly. This showed that medicines were administered as prescribed.

Preventing and controlling infection

- Personal protective equipment was readily available for care staff to use.
- Care staff supported people following good infection control practices to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things go wrong and we saw evidence of this. For example, the provider has stopped using agency staff and has built up their own bank staff in order to provide continuity for people and reduce the risk of errors being made by agency staff who did not know people well.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment so they could be sure they could support people how they wanted. People using the service were involved in the initial assessment and the outcomes they would like to achieve were clear.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by care staff who had the skills and knowledge to do so. One person told us, "They [care staff] are on the ball."
- People were supported by a regular team of care staff, ensuring people were supported by care staff that they knew.
- Care staff were given opportunities to review their individual work and development needs.
- Care staff received regular on-going training.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Care staff received regular supervisions and appraisals with their manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet.
- Care staff knew people's specific dietary requirements.
- There was a bistro located within the public areas of the housing facility for people to access if they so wished.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies as needed and records confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access outside health professionals. For example, one person had recently been seen by an occupational therapist.
- People told us they were supported by care staff to attend healthcare appointments.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf

of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA. People we spoke with told us how care staff would always ask for consent before supporting them and that care staff were respectful. One care staff member told us, "I always ask for consent first."
- Care staff received training in the MCA and had a good understanding of the Act. One care staff member told us, "They [people using the service] are the centre of every decision."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. One person said, "The staff are as good as gold."
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity and LGBT to be able to meet people's needs.
- The service had arranged for the local church to visit people at Chatham Place who so wished, in order for them to receive holy communion.
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them.
- The service did not currently use agency staff and had their own bank staff to ensure people were cared for by care staff that knew them well.
- All care staff we spoke with told us they were happy working at Chatham Place. One member of care staff told us, "I really do enjoy working here."
- There was flats available within the service's housing scheme for relatives to stay when people were unwell or if family members didn't live close by.
- The service had a compliment folder and had received some lovely compliments about the care people received. One compliment read, "Thank you for the loving kindness you showed [person using the service]. You did it with patience, love and humour. We will be forever grateful and thankful that you were there."

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes respected.
- Regular meetings were held in the housing scheme's public areas for people who used the service to gain their views and notices were displayed on the communal notice board.
- Monthly care staff meetings were held in order for care staff to share their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. For example, we observed that staff knocked and asked permission before entering a person's bedroom. One person told us, "Staff are very respectful."
- People were encouraged to maintain their independence and do as much as they could for themselves. One care staff member said, "I always offer people the opportunity to do things for themselves, give them time."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- The service supported people to take part in various activities both inside and outside the housing scheme to prevent social isolation.
- The registered manager was aware of the accessible information standard. As the people using the service were visually impaired they had produced documents in braille. There was a booklet on reception which had a recording to tell people what events were being held. There were talking books available and also a computer for people to use which spoke and had a large keyboard for visually impaired people to use more easily.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One person said, "I have no complaints."
- There has been only one complaint in the last twelve months which had been handled through the provider's complaints process and resolved.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management.

End of life care and support

- There was no end of life care plans in place, however, people using the service were not receiving end of life care. The registered manager said they would look at introducing end of life care plans if people wished to express their end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we talked to spoke highly of the service and explained how the service was always welcoming and responsive. People told us they felt listened to by the registered manager.
- People and staff spoke positively about the registered manager. They consistently told us how the service had improved since the new registered manager was in post.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Spot checks and medication competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- Care staff received regular supervisions and appraisals. Care staff confirmed this and we saw evidence of this in records we checked.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback questionnaires were used to gather information about people's views.
- The registered manager invited people who use the service to take part in interviews in order for people to voice their opinion on which care staff were employed to support them.
- The registered manager completed regular audits as a way of improving the service by the monitoring of trends and using the information gathered to benefit how people were supported.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- Management and care staff had continuous professional development plans in place to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was corroborated by people we spoke with.
- The service had formed strong links with local organisations and charities who often held events at Chatham Place, and had built good relationships within the community.