

New Outlook Housing Association Limited

Woodville Road

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 5 May 2015. Woodville Road can accommodate up to five people who have learning and physical disabilities and who need support to live in the community. The service specialises in meeting the needs of people with visual impairment.

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 indicated to 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.

Summary of findings

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 people's relatives, told us that they were happy with the care provided. They told us how the staff asked people about what they wanted to do and what support they wanted. People 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. 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.

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 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 registered 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 registered 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?

The service was safe.

People indicated 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.

Good



Is the service effective?

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.

Good



Is the service caring?

The services 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.

Good



Is the service responsive?

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.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a homely 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.

Good



Woodville Road

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 5 May 2015 and was unannounced. It was undertaken by one inspector. During the course of the inspection we met all of the five 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 met the 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. We observed how staff supported individuals throughout the day.

During our visit we spoke with several members of the staff team, a visiting professional, a relative and the Registered Manager. After the visit we contacted several relatives by telephone and email for their comments.

We looked in the care records of three 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 indicated that they were safe in this home and relatives confirmed that they felt the staff protected people well. One relative told us, “I feel [person’s name] is safe and protected from abuse.”

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.

Each person had a personal evacuation plan in case of fire or emergency. There were clear instructions for staff about what information to give fire or emergency services. This included plans of the building and basic details of people’s individual needs, for example, a warning that some people could not move quickly and needed ‘simple, clear instructions and plenty of calm support’ and details of how their impaired vision affected them.

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. The registered manager explained that if she needed to use agency staff, she always used staff who knew the people in the home and they were always on duty with permanently employed staff.

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.

Is the service effective?

Our findings

One relative told us, “The care [person’s name] receives is effective in terms of giving [person] outcomes for independent living.” and , “It is the staff who make Woodville exceptional and they are a great asset.” Another relative said, “They (the staff) help [person’s name] to do anything they want to do.”

Relatives provided examples of how staff balanced the need to make sure that people were well cared for and their choices in terms of treatment. One relative told us, that their relative, “Despite having limited communication skills, is listened to.” They provided an example of how staff managed to provide some personal care which the relative did not always want and said, “[Name] is never physically forced to do anything.” They explained that staff always waited until the person was comfortable before carrying out the task

We saw that people in this home had a range of abilities and needs which meant that they needed differing levels of support. This included people with differing levels of visual impairment and different levels of understanding. We saw that the staff knew each person’s needs and preferences well and had the necessary skills to carry out the required tasks.

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. One member of staff told us, “We have lots of training – as a company[the provider] it is really, really good...If there is anything you need they will sort it out.” The majority of the team had worked together for several years at this home and at a home nearby which was run by the same registered manager 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.

The records showed that all 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. These were to make sure that staff had a full understanding in the required areas. Staff said that they were encouraged to undertake further training. All staff

were expected to undertake at least level 2 training and then were encouraged to undertake level 3. The registered manager told us how she encouraged staff to reflect on their practice and to learn lessons from incidents.

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. For example, in one person’s records we saw, ‘I prefer sandwiches with no salad, thank you.’ Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs and some people needed their food to be of a specific texture to avoid choking. We saw, in one person’s records, ‘I really like sausages. I need them minced now.’ People indicated that they looked forward to their takeaways on a Saturday night.

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. Where people were anxious about attending medical facilities, the registered manager had arranged, with the agreement of medical professionals, for routine checks such as blood pressure checks to be carried out in the home..

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). They 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, “We feel we are part of a family here.” Another relative told us, “Staff are extremely caring and always go the extra mile and put [person’s name]’s needs first. They are always welcoming and involve us in all decisions regarding [person’s name]. We regard many of the long term staff as family as we have known them so long.”

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 some people were out participating in activities of their choice, others were either in the living room or in their rooms listening to music depending on where they had chosen to be. We saw people moving freely around the home.

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 usual 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.

We saw that staff took account of people’s diversity. For example, staff respected people’s choices and cultural backgrounds in relation to religious observance and meals.

Is the service responsive?

Our findings

People told us that staff helped them to do the things that they liked doing. People were supported to access social activities and hobbies which were important to them. A relative told us, "Staff are responsive to [name]'s needs and preferences and also listen to families and address any changes in needs. Staff are fully aware of [name]'s likes and dislikes and 'little ways' and respond to these. [Name]'s interests and hobbies are catered for and there is an extensive range of activities in place. Personal touches like birthday parties, holidays, meals out, theatre etc are planned to give [name] a varied and interesting social life."

Staff told us about the wide range of activities and interests people engaged in. These included arts and crafts, Lego, using an exercise bike, singing songs, walks and trips to the cinema and theatre. The member of staff said, "Sometimes people just sit and chat and do normal, everyday things. It is their home at the end of the day and they do what they want to. We try to help people have as normal a life as possible."

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. For example, where a person was developing skills to reach a goal of, 'to make myself a hot drink independently' staff were instructed to use a 'hand on hand' technique to keep the person as safe as possible while they were learning. This showed how staff enabled people to be as independent as possible.

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.

The registered manager and staff held regular meetings 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, and records confirmed, 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.

Relatives of people in the home told us that they knew how to make complaints. One relative told us, "I would feel comfortable contacting the Manager to raise my concerns. We do have the opportunity to meet with [registered manager's name] for a review and comments and feedback are always taken on board." The registered manager had made the complaints procedure available in formats that people could understand. 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. One relative told us, "I feel that the staff are well led." Another relative said, "[Manager's name] is very good. I could talk to her about anything."

Relatives of people who lived at the home 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 registered 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 places of worship on a regular basis.

The registered manager of the home demonstrated a 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 be altered in the future to continue to meet the needs of the people who lived there.

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 who used the organisation's services. As well as checks on the records, the registered manager carried out regular observations on the staff as they carried out their duties.

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.