

New Outlook Housing Association Limited

Boldmere Drive

Inspection report

3 Boldmere Drive
Sutton Coldfield
West Midlands
B73 5ES

Tel: 01213861384

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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

This inspection took place on 12 June 2018 and was unannounced. This was the provider's first inspection since their registration change in June 2017. The service had been rated 'Good' overall under its previous provider registration.

Boldmere Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Boldmere Drive accommodates four people in one house. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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. There was a registered manager for the service although they were on annual leave during our visit. Our inspection was supported by the assistant manager.

All feedback we received reflected people were safe living at the home. Staff understood how to protect people from harm. People's risks were known to staff and monitored with input from healthcare professionals as needed to help keep people safe and well. People were supported with their medicines safely. Health and safety checks were in place and people were supported in a clean and comfortable environment.

Feedback suggested there were enough staff to meet people's needs and keep them safe. However, staffing arrangements were under adjustment at the time of our inspection and staff were rushed at times. People were supported by suitably recruited staff.

People were supported to have their needs met by staff who knew them well and who had received training for their roles. People were supported to access healthcare support as needed. People were supported to have enough food and drink of their preferences and to maintain a healthy diet.

The home was developed and designed according to people's needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and respect and had good relationships with staff. People were supported to understand and make decisions about their care, and were given emotional support when needed. People's privacy, dignity and independence was promoted.

People received a service that responded to their needs and wishes. People were supported to follow routines and activities of interest to them. Staff were aware of people's individual needs and preferences and how to respond effectively. People had information about how to complain in their rooms. Everyone we spoke with would feel comfortable raising concerns and issues with the service and systems were in place to respond to complaints.

People, staff and relatives were involved and engaged with, and spoke positively about the service. Reference was made to healthcare professional advice and current good practice guidelines to ensure the safety and quality of people's care. The provider had submitted notifications to CQC, and displayed their CQC ratings information as required. Systems were in place to assess and monitor the quality and safety of the service.

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 were safe living at the home. Systems were in place to promote people's safety.

People were supported to have their risks managed to promote their health and wellbeing. People were supported with their medicines safely.

There were enough staff to keep people safe. Staffing arrangements were being reviewed at the time of the inspection.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who knew them well and with access to healthcare support as needed. Staff received training and guidance for their roles. The home was developed and designed according to people's needs and preferences.

People were supported to maintain a healthy, balanced diet in line with their needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and had good relationships with staff.

People were supported to understand and make decisions about their care, and were given emotional support when needed.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good 

The service was responsive.

People received a service that responded to their needs and wishes. People were supported to follow routines and activities of interest to them.

Everyone we spoke with would feel comfortable raising concerns. Systems were in place to respond to complaints appropriately.

Is the service well-led?

Good 

The service was well led.

Systems were in place to assess and monitor the quality and safety of the service. People, staff and relatives were involved and engaged with the service and spoke positively about the care provided.

Reference was made to healthcare professional advice and current good practice guidelines to ensure the safety and quality of people's care.

The provider had submitted notifications to CQC, and displayed their CQC ratings information as required.

Boldmere Drive

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 12 June 2018 and was unannounced. The inspection was conducted by one inspector.

As part of our inspection planning, we sought information and feedback from commissioners of the service. We also checked whether any information was available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We referred to this and other information we held about the service to help inform our inspection planning. This included notifications submitted by the provider. A notification is information about important events which the provider is required to send us by law.

During our inspection, we observed how people were supported and we spoke with three people. We spoke with a relative, a day care centre officer, two staff members (including the assistant manager) and the nominated individual. We looked at records relating to the quality and safety of the service including records relating to three people's care. After the inspection, we spoke with the registered manager and requested additional information including two staff recruitment files and examples of health and safety checks to support our inspection processes.

Is the service safe?

Our findings

This was our first assessment of the key question, 'Is the service safe?' since the provider's registration in June 2017. We rated this key question, 'Good'.

One person told us, "I'm very safe." Two other people told us they also felt safe living at the home. A relative told us, "Without a doubt, [my relative] is very very safe. They have always seemed much happier there and look forward to going back." Staff had received refresher safeguarding and guidance was available at the home to help staff report concerns. Staff told us how they could identify and report abuse to help protect people. They told us some people would not be able to express their needs verbally and commented, "I would hope we would be able to identify this, or they could explain in their own way, through our knowledge of them." People were supported by staff who knew them well and by others involved in their care. Systems were in place to help promote people's safety, for example they were supported to safely manage their money by staff and any concerning physical marks were recorded.

People were supported with a balance of safely managing their risks whilst promoting their independence. Staff had a good understanding of people's individual risks and changing needs. One person told us their healthcare condition was well controlled. This risk was highlighted in their care plans so other people and agencies involved in their care would be alerted to the support they needed. Staff knew how to support safely two people who had this condition.

Staff supported people to become calm if they became unsettled. One person told us they could speak to staff if they were upset who helped them. When another person shouted out, they agreed when the staff member asked if they wanted to go back to their room. The staff member asked another person to come out of their way. This helped prevent any risk to either person and was an agreed approach as part of the person's care planning, although we shared feedback with the registered manager that monitoring records relating to this were not always clear. People's risks were known to staff and staff told us they responded as outlined in their care plans.

Due to staff vacancies and annual leave, people had often been supported by one staff member only in recent months. Staff told us this was manageable, although doing new auditing tasks alongside supporting people could feel pressured. We saw a staff member was rushed at times, for example, when one person was upset, the staff member also needed to respond to other people which meant they could not give the person their full time. A relative commented, "I think they have been a bit short of staff but they manage and do their best. They have to do their paperwork, cook, shop, like they would do in their own homes and people are always involved in these things as they should be." The registered manager confirmed after our inspection that new staff had been recruited. Two staff were due to join the service once their recruitment processes were complete. Recruitment checks included character references and checks through the Disclosure Barring Service (DBS). Staff files we sampled showed these checks had been completed safely for other staff, which helped reduce the risk of people being supported by unsuitable staff. People were still able to enjoy outings and receive safe support from staff, and ongoing plans to recruit to a full staff team would help continue to promote the quality of the service as far as possible.

One person told us the home was clean, warm and comfortable. Our observations confirmed this. Staff meetings had referred to plans for getting some new furniture and ensuring cleaning schedules were followed so the home would remain clean and comfortable. Health and safety checks were in place to reduce risks posed by the environment. Fire safety checks were conducted with safety recommendations followed and the fire service had recently attended the home to change equipment.

People were supported with their medicines safely. People told us they were given their medicines on time. One person used cream which was stored in their room. They told us this helped prevent them getting sore skin. People's medicines were stored safely. Medicines records were clear and regularly audited. Guidance was available to show how to support people safely. Most people's tablets were stored in colour coded medicines dosages systems according to the time people needed to take them. Our sample of people's boxed medicines found records also correlated with stock levels. A pharmacist had recently audited the home and had recommended some improvements to support continued safe practice.

Is the service effective?

Our findings

This was our first assessment of the key question, 'Is the service effective?' since the provider's registration in June 2017. We rated this key question, 'Good'.

People were supported by staff who knew them well and how to meet their needs and promote their health. A relative told us, "Staff know her very well. That's her home now and she's happy." Information tailored to people's needs and wishes were available in people's care plans. People's health needs were regularly reviewed with input from healthcare professionals as needed. One person told us they liked living at Boldmere Drive. Another person had recently been diagnosed with a condition. We saw that relevant healthcare appointments had been arranged for this person and they had been given accessible information about this. Current guidance about this condition had been shared with staff. This helped ensure the person would be supported to monitor and promote their health with staff.

People were supported to access healthcare support including through doctors, dentists, podiatrists, dieticians and psychiatrists. One person told us, "They're all very understanding. They understand me and how I feel. I talk to them if I have any problems." A relative told us, "Staff usually tell me anything that's wrong, any concerns." We saw the person was able to seek reassurance and discuss their health needs with staff. Another person had been referred to the doctor by staff due to concerns including recent weight loss. Relatives involved in the person's care had been informed. A staff member we spoke with was aware of recommendations made by healthcare professionals. Health passports had been developed so others involved in people's care could be kept informed of people's needs and wishes.

Staff had worked for the service for a number of years and were familiar with the people they supported. The provider who had registered in June 2017 had arranged refresher online training for staff in core areas such as safeguarding, medicines management, First Aid, safe moving and handling and equality and diversity. A staff member told us, "Everyone is really well trained. I enjoyed the e-learning training," and added they found this type of training better. The assistant manager told us that new staff would shadow on shift as part of their induction, until they became familiar with people and their role. New staff joining who were new to care, would be supported to complete the Care Certificate, which is a set of minimum care standards that new care staff must cover as part of their induction process.

People were involved in planning meals of their choice and told us they had enough to eat. One person told us, "I help the staff here, I do the cooking... Tonight it's going to be pork chops." Another person told us, "I get the food I like." Staff told us they assisted the person to help prepare meals and commented, "It's involving [person] as much as we can and ensuring they're safe." A relative and staff told us another person helped push the trolley when they went shopping with staff to buy food and choose what to eat. People's known risks were considered when preparing meals. Where another person had begun to eat and drink less, further healthcare support had been sought and guidance was available about foods people should avoid. Healthy eating was encouraged such as fruit and vegetables and reduced sugar. People were supported to have enough to eat and drink and to maintain a healthy diet.

People moved around the home with ease, with some adaptations fitted to promote their independence. People had access to a garden which they told us they spent some time in. People's rooms had been individually designed according to people's preferences and identities. Two people invited us to see their rooms which we saw were clean and comfortable and contained items of importance to them. People's individual needs were met by the design and decoration of the premises.

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. People were supported to make their own decisions as far as possible. People were not always able to express what they wanted, however the staff member was aware of gestures and indications of people's wishes, and other ways to promote people's choices by showing them pictures or items when needed.

One person told us they were trying to cut down on their sugar intake to promote their health. We saw the staff member helped the person weigh up their choice and advice from a nurse about healthy meal options. The assistant manager gave an example of plans to help inform a decision in the best interests of another person. This involved considering the experiences of the person and the views of their relative and a healthcare professional. This recognised good practice guidelines to ensure decisions were made in the best interests of the person. People were supported to make decisions in line with the principles of the Mental Capacity Act (2005).

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person told us, "I've got the staff to take me out," due to their health needs. DoLS applications had been made appropriately and authorised for three other people. Staff were aware of these authorisations. People were supported in line with the principles of the MCA.

Is the service caring?

Our findings

This was our first assessment of the key question, 'Is the service caring?' since the provider's registration in June 2017. We rated this key question, 'Good'.

People were treated with kindness and respect. We saw people and the staff member had good rapport. One person told us they shared fun banter with the staff member on shift. The assistant manager alerted them we were visiting and affectionately commented, "You obviously didn't hear the doorbell did you." The staff member knew the person would enjoy chatting with a visitor and encouraged them to join us, which the person responded well to.

We saw people often chatted and responded well to each other. Staff knew of people's close family relationships and chatted to them about how people were. One person received a regular phone call at the home from a relative. Records we sampled about another person's care described how they had enjoyed celebrating their birthday and they had kept smiling about this.

People were treated with care and given emotional support when needed. When one person talked about feeling nervous and unsettled one time, the staff member responded by reassuring the person that other people probably felt the same on that occasion. Another staff member told us if another person became upset, "I comfort them, hold their hand, they like having their hair stroked."

People were supported to understand and make decisions about their care, for example what they wanted to eat and how they wanted to spend their time. One person told us, "[My keyworker is] nice and kind to me. She helps me to choose my clothes and gives me my tablets. We go out and all sorts of things." Information about the service's statement of purpose and how to complain were available for people to refer to in their rooms. People were supported to express their views and be actively involved in making decisions about their care and support.

People's independence was promoted. People were also involved in daily tasks where possible like shopping, laundry and tidying at the home. One person told us they helped cleaning around the home and we saw a cleaning care plan was available in their room. This helped involve people in the running of the home and promoted their independence.

People's privacy and dignity was promoted and they were supported by staff with personal care as needed. People were individually dressed. One person went to their room for some time alone. This was respected and the staff member checked in to see if the person was okay. The person later returned to the lounge area later when they wanted to.

Is the service responsive?

Our findings

This was our first assessment of the key question, 'Is the service responsive?' since the provider's registration in June 2017. We rated this key question, 'Good'.

People received a service that responded to their needs and wishes. A relative told us they were involved in care discussions and commented, "[Person] really loves it there and is really well looked after. They have improved a bundle [over their time at the home]." We saw people felt comfortable and at home, choosing what they wanted to do. People told us they could get up when they wanted and we saw they got dressed for bed in the early evening as they wished. People had lived at the service for a number of years and were supported by familiar staff who had also worked at the service for a long time. People's care plans contained information about their individual preferences and needs. Some information was presented in ways they could understand, and to help staff quickly access important information for example about people's risks or preferred support. One person's care records we sampled showed their wishes had been gathered and recorded in relation to their end-of-life care and funeral plans.

People were supported to follow their interests and had some links in the community. For example, two people enjoyed attending day centres. One person told us they attended a day service twice a week and enjoyed this. They were looking forward to an upcoming event with this service and that the other person who visited spent time doing puzzles there. Another person described their outings to the park and shopping and confirmed they enjoyed time at home in the garden, listening to music, watching television and reading magazines. Staff described working flexibly to ensure people could still carry on with their interests in the community.

A staff member told us they found it important to promote opportunities and choices to people, and acknowledge people's different views and values. People's chosen religions were known to staff however people had not expressed an interest in practices such as through attending services. Care planning had considered people's other preferences for example the gender of staff supporting them. A staff member gave examples of how they would appropriately support people interested in entering relationships. Staff were mindful of people's individual preferences and how to support them appropriately.

We observed that a staff member spoke clearly to one person and in a way they could understand. One person was comfortable asking the staff member what one word meant when they were unsure. Their care plan had identified their preferred means of communication. Another person was not able to express their needs verbally. A staff member described some ways they communicated at times, for example, making non-verbal noises if they were uncomfortable or putting their shoes on if they wanted to go out. The staff member said they had become familiar with the person and how they knew they were content over the time they had supported them. They described other ways people were supported to understand and make decisions, such as showing them items or pictures of items. People had communication passports and other guidance in place to help staff support people effectively.

People told us they felt comfortable complaining and had information about this in their rooms. Systems

were in place to record and respond to complaints although none had been received since the provider's registration. Staff confirmed they too had felt able to raise issues through the provider's processes. A staff member told us their concerns were, "Dealt with really well."

Is the service well-led?

Our findings

This was our first assessment of the key question, 'Is the service well-led?' since the provider's registration in June 2017. We rated this key question, 'Good'.

People told us they would recommend the service. One person told us, "It's lovely, it's gorgeous, I love it [here]. If I didn't have a place like it, I don't know where I'd be." We saw people were comfortable and 'at home' at Boldmere Drive. Staff showed a commitment to providing good care according to people's needs and wishes. A staff member told us people expected to be taken out for example on drives and to the shops. The staff member commented, "[People living at the home] have an expectation of me and I'm glad they have. It's all positive things and they should be involved." People had their own individual links with the community, such as day centres and local shops. Healthcare professionals were involved in people's care and information shared with staff to help promote their health and wellbeing. People were supported within a caring and inclusive culture.

Systems were in place to review the quality and safety of the service. A relative told us they were asked for their feedback and given regular updates about the service and one person's care. Quality assurance checks were regularly undertaken by the provider and included reviews of medicines management, people's care records and areas relating to CQC key questions. Annual reviews were held which referred to people's health and social needs and how these were met. People and relatives' feedback was gathered as part of this. The assistant manager told us that feedback was usually positive and had not therefore led to significant changes at the service. There had been a change from the previous registered provider and one focus at the time of the inspection was to ensure care records had been updated accordingly.

A staff member and relative told us they, and people, had been kept well informed of changes at the service. A relative also told us, "They always do things in a way that does not disrupt people." Consideration was given to the sustainability of the service, for example, the nominated individual told us the registered manager was working with other local services registered with the provider. This was to help provide additional staff cover at Boldmere Drive when needed, and help people to benefit in future from activities at those services.

Systems were in place to involve staff in the service and allow them to openly raise any issues. A staff member told us they had raised some concerns, including staffing levels in recent months, with the registered manager and other forums available through the provider. Another staff member told us they had made a complaint and they were very pleased with how this had been managed and resolved. Changes within the service and updates such as changes to people's needs were shared during staff meetings. During one meeting, staff had discussed safer alternatives to equipment being used by one person and this was addressed.

The provider had submitted notifications to CQC as required. We also saw their registration certificate was on display at the service and they had displayed their CQC rating information as required on their website. This showed awareness of the regulatory requirements which were met. Reference was made to current

good practice guidelines, for example following one person's diagnosis, the registered manager and staff had referred to guidance including from Skills for Care about a healthcare condition. We saw people's care plans made reference to other good practice such as one page profiles.