Outlook Care

Outlook Care - Summit 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

Summary of findings

Overall summary

Outlook Care - Summit Road is a fully accessible residential care home for people with a learning disability and complex needs. At the time of inspection there were six people using the service which is the maximum number of people the service can accommodate.

At our last comprehensive inspection in September 2015 the service was rated 'Good'. At this inspection we found the service remained good but we made a recommendation in relation to staff training.

Staff had not always received refresher training to support them to carry out their roles effectively. The provider's quality monitoring procedures did not highlight this issue.

People were protected from the risk of potential abuse. Staff were knowledgeable about safeguarding procedures and knew what to do if they had concerns about the service. People were protected from risks to their health and wellbeing because risk assessments to guide staff were accurate and provided staff with sufficient detail about how to manage specific risks.

Medicines were well managed and there were enough staff to meet people's needs.

Newly appointed staff were supported in their role by an induction period. Staff developed caring relationships with people using the service and respected their diversity and dignity.

People were supported to get enough to eat and drink and people had access to healthcare professionals.

People and their relatives were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence. 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.

There was a positive and open culture at 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? The service remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Outlook Care - Summit 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 and 31 October 2017 and was unannounced. The provider knew we would be returning for the second day.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with members of staff including the registered manager. We looked at people's care and support plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including staff files and health and safety documents.

Good

Is the service safe?

Our findings

People were protected from the risk of potential abuse because staff were aware they needed to escalate concerns if needed. Staff were aware they could contact the local authority safeguarding team, the Care Quality Commission if they felt the matter was not dealt with appropriately. Staff were guided by an appropriate safeguarding policy which contained the contact details for the local safeguarding adults team. One member of care staff told us, "I look for signs. [Person] is non-verbal so you look for bruise, any little mark you question it. A change in mood. The types of abuse are financial, neglect, institutional. You need to use the report form to complete notify manager of the concern." Support plans urged staff to report signs of abuse.

The recruitment system ensured people were supported by staff who were suitable for work in the caring profession. The provider conducted Disclosure and Barring Service (DBS) checks of new staff. The DBS is a national agency that holds information about criminal records. The staff files we reviewed contained a curriculum vitae and proof of their right to work in the UK.

People were protected from risks to their health and wellbeing because staff were provided with written assessments about the risks people faced and how to mitigate them. We saw a wide range of comprehensive and up to date risk assessments in people's care files such as those relating to nutrition, falls and moving and handling.

More specific risks had been identified for each person and the associated risk assessments and care plans provided staff with clear and detailed guidance and direction on how the person should be supported. For example care plans for supporting people at risk of developing pressure ulcers guided staff about how to support the person to prevent these.

There were effective risk assessments to support people whose behaviour may challenge the service. The provider had identified the triggers that may lead to the behaviour and what staff should do to support people who had become distressed. The provider worked with psychiatrists to support people and staff were aware of the need to record different behaviours to assess whether behaviour plans were working. There were up to date electrical installation and gas safety certificates, however, individual plans about how to support people in the case of fire were not up to date.

There were enough staff to meet people's needs and rotas we reviewed confirmed this. There was two members of staff to support people during the night, one awake and one on sleeping nights. There was an out of hours number for staff to call for support from management outside of normal working hours.

Medicines were well managed. Care staff had received relevant training to safely administer medicines and completed medicine administration records we reviewed accurately. Each person's medicines and their side effects were clearly listed and staff demonstrated they understood these well. There was clear guidance for staff in support plans about how to administer medicines and we observed these were followed by staff during the inspection. Medicines guidelines for people who received medicines on a 'when required' basis

(PRN) were clear. PRN medicines are to be taken as needed instead of on a regular dosing schedule.

Good

Is the service effective?

Our findings

The training provided to staff to enable them to meet people's care and support needs was not always up to date. The provider kept a training schedule which demonstrated that four staff member's epilepsy awareness training was not up to date. We recommend the provider seeks guidance from reputable sources about ensuring staff training is up to date.

New staff members completed the Care Certificate. The care certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting. Newly appointed staff underwent a robust induction to better understand how to support people. Regular one to one and group supervision sessions provided a good forum to discuss staff performance and areas where further development was needed. Annual appraisals were up to date and covered a broad range of topics.

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to live their lives in the way they chose. Staff supported people to make their own choices about their care where possible and otherwise involved advocates, family members and social care professionals in decisions about their care as appropriate. The provider had applied for DoLS authorisations as required in order to deprive people of their liberty in certain situations where this was in their best interests to keep them safe.

People were supported to eat and drink enough. People were given choices about what they ate and were offered different meals. Support required from care staff was detailed in care plans, for example that someone required pureed food because they were at risk of choking. Staff monitored people's weight loss and made referrals to the dietitian if necessary. We noted that recommendations from speech and language therapists had been included in people's support plans for staff to follow. People's food preferences were included in their care plans, for example it was recorded that someone liked spicy food and porridge in the morning.

People were supported to maintain their optimum health. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as GPs, dentists and opticians. We noted that treatment plans provided by a multi-disciplinary team were embedded by the provider in care documentation for staff to follow. Staff told us about how they monitored people for signs that they were becoming unwell and that they reported this to medical professionals involved in their care. A member of staff told us, "We do daily reports, if there's anything out of the ordinary we contact the GP if there is a

concern."

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. Staff we spoke with had fostered a good relationship with the people living at the service and spoke warmly about them. One staff member said, "I am nice and respectful when I talk to them."

Care plans contained clear guidance about how to best support people to share their views. For example one care plan stated, 'I am non-verbal but I communicate very well by use of body language, sounds and facial expressions. I need staff to speak to me at all times when supporting me to ensure that I am aware of what is happening or about to happen.' Staff we spoke with gave examples of how they communicate with people such as being attentive to people's facial expressions when giving people choices. One member of staff said, Communication is of great, great importance and to ask them. Makes a grunt if [person] doesn't want something and smiles or if not happy makes face."

People were encouraged to be as independent as possible and this was captured in their care plans. For example. one person's support plan stated, 'Staff should encourage me to participate when I'm being supported with dressing. I am capable of pushing my left arm in my sleeves.'

People's privacy and dignity was promoted. Staff took action to ensure this privacy, "We close the door for their dignity." Records captured people's religious and cultural preferences. For example one person's care plan stated, 'I am a non-practicing Christian. Staff cannot say that I hold any strong religious views or beliefs but I appear to like listening to religious programmes. Please support me to put my radio on religious programmes especially on Sundays.'

Good

Is the service responsive?

Our findings

People's individual needs were appropriately assessed and met. People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs. The provider operated a key worker system so that each person was able to give input about their care where possible and support plans were produced in a pictorial format. Where appropriate, people's family had signed these records to demonstrate their input.

Care staff responded to people's changing needs by tailoring their support to them. Care records were written from the first person where appropriate and contained details of their personal preferences and circumstances. Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. For example, how to blow dry someone's hair and when they prefer to take a bath was captured. Changes in need were accurately recorded and communicated to staff during hand over meetings and referrals to health and social care professionals were made where necessary. We noted the provider undertook bi-annual reviews of people's care and invited people, their relatives and health and social care professionals. Action plans were drafted as a result of these meetings in order to better support the person.

People were supported to maintain their hobbies. People's interests were recorded in their care plans. Records we reviewed demonstrated that people took part in activities such sing-along session, shopping, seaside trips and trips to places of interest.

The provider gave opportunities for people to feedback about the service because there was an easy read version of the complaints. There was a suggestion box in the corridor at the service so visitors could share their views anonymously if they wished.

Good

Is the service well-led?

Our findings

The registered manager was supported by a management team consisting of a deputy manager and a support coordinator. Staff spoke highly of the registered manager and felt she was approachable. One staff member said, "Yeah, we have a good manager and team leader. They're easy to approach. They don't mind getting their hands dirty. Easy going to talk to and she cares not just about the staff but the clients as well."

Staff felt supported in their roles due to good communication from the management team. One staff member told us, "I'm told about what is happening. If anything we need to know staff have emails. We have staff briefing, the one in Summer had a reminder to give a lot of fluids. The manager is telling us things." Staff were able to raise any issues during staff meetings in order to improve service delivery. Records confirmed this. The provider fostered this approach through effective handovers, team meetings and supervision sessions. The provider sought feedback about the service from staff through annual surveys.. We noted the team had received the award of 'Team of the year' and there is an employee of the month award to motivate and praise staff. We noted that accidents and incidents were reported and recorded.

The areas of concern we found during the inspection about training were not highlighted and addressed by the provider's audit system and we have made recommendations about this.