The Outlook Foundation

Outlook House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 September 2018 and was unannounced. Outlook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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.

Support was provided to up 12 adults with learning disabilities or autism and who may also have a sensory impairment. People were supported to develop their life skills and increase their independence. Accommodation is in a large period house. People have single occupancy rooms, either on the ground or first floors, with en-suite facilities. The service is near to local shops and facilities and public transport. The service also has its own transport, which was used to get people to and from any activities that were arranged. A learning centre, which was on site, provided an educational and training facility to promote people's independence. This was also used by people from the provider's other two services. Ten people were living in the service, at the time of our inspection, but one person was away on holiday with their family.

The service did not have 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. Since the last inspection a new manager had commenced working in the service. The CQC has not yet received their application to become the registered manager.

At the previous inspection on 11 July 2017, the service received a rating of 'Requires Improvement'. This was because we found guidance had not been followed in relation to legionella. Checks to ensure hot water was at a safe temperature, to protect people, had not been maintained. There also was a lack of regular and effective auditing and monitoring of the quality of the service in all areas. At this inspection we found this had been rectified.

People and their relatives told us that people were safe. They told us they could raise concerns and know they would be listened to. Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take, in the event of a safeguarding concern being raised. There were systems to manage medicine safely. The building and equipment had been subject to regular maintenance checks. Infection control procedures were in place.

People's individual care and support needs were assessed, before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. A member of staff told us, "There is a lot of choice offered here. There are always options. "People were supported to develop

their life skills and increase their independence. People, where possible, were being supported to move onto supported living accommodation, for people with a learning disability. This is where people receive support to enable them to take control of their life. People's support plans and risk assessments were detailed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were treated with respect and dignity by staff who were kind and caring. One person told us, "I love it here. The people are lovely. The staff are lovely. "People were spoken with and supported in a sensitive, respectful and professional manner.

Staff told us they were supported to develop their skills and knowledge, by receiving training which helped them to carry out their roles and responsibilities effectively. Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift. They had received supervision and appraisal and had regular staff meetings. They felt they knew people's care and support needs and were kept informed of any changes. They confirmed that they felt valued and supported by the senior staff, who they described as very approachable. They told us the team worked well together.

There were sufficient numbers of suitable staff, to keep people safe and meet their care and support needs. Robust recruitment procedures were in place. The number of staff on duty had enabled people to be supported to attend educational courses, participate in voluntary work and in social activities in the community.

Peoples individual dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. One person told us," We have delicious food." People had access to healthcare professionals, when needed.

Staff confirmed that they felt valued and supported by the managers, who they described as very approachable. People and their representatives were asked to complete a satisfaction questionnaire, and people had the opportunity to attend weekly resident's meetings. The comments people made had led to changes in practice.

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 had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

Sufficient staff ensured people's support needs were met. People were protected from abuse. Staff knew the procedures to follow if there were concerns regarding a person's safety.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities under the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Care staff understood consent.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were supported to make decisions about what they wanted to eat and drink. People were supported to live healthier lives had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

The way care and support was provided ensured people's privacy and dignity was respected, and their independence

promoted.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. Changing needs were responded to. They were supported to attend a range of activities.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was not a registered manager for the service. A manager had been recruited, but the CQC has not yet received an application for a new registered manager for the service.

Quality assurance was used to monitor and to help improve standards of service delivery. People could comment on, and be involved with, influencing changes to improve the service.

The leadership and management promoted a caring and inclusive culture. Staff told us the management team were approachable and supportive.

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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 25 September 2018 and was unannounced. The inspection was undertaken by one inspector.

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 reviewed information we held about the service. This included previous inspection reports, any complaints and notifications. A notification is information about important events which the service is required to send us by law. This helped us with the planning of the inspection. We contacted the local authority, five healthcare and social care professionals and two relatives for feedback on the care provided.

We used a number of different methods to help us understand the views and experiences of people, as they were not able to tell us about their experiences due to their learning disability. We observed people's care and support in communal areas throughout our inspection to help us understand the experiences people had. We spoke with six people individually. We also spoke with the nominated individual for the organisation, a director, the manager, and four care staff. We looked around the service in general, including the communal areas, and a sample of people's bedrooms. We looked at menus, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and three staff recruitment records. We also looked at five care plans and supporting risk assessments, along with other relevant documentation, to support our findings. We 'pathway tracked' two people living at Outlook House. This is when we looked at their care documentation in depth and obtained their views on how they found living in the service. This is an important part of our inspection process, as it allows us to capture information about a selected group of people receiving care. We also looked at the provider's own improvement plan and quality assurance audits.

The service was last inspected on 11 July 2017, when the overall rating for the service was Requires Improvement.

Good

Is the service safe?

Our findings

At the last inspection on 11 July 2017 we found guidance had been sought in relation to legionella but not fully implemented. The checks to ensure that hot water was a safe temperature, to protect people, had not been maintained. At this inspection we found this had been addressed.

There was a maintenance programme in place, which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. Maintenance checks were carried out by the provider's own maintenance person or by external companies. For example, the manager told us there were weekly checks of the fire alarm system, in between the checks and maintenance made by an external company. This was evidenced in the records we looked at. There was an emergency on-call rota of senior staff available, for help and support. Contingency plans were in place to respond to any emergencies, such as flood or fire. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency.

Risks to most people's safety had been identified and assessed. To support people to be independent risk assessments were undertaken. These assessed any risks for any of the activities people were involved in. Staff were provided with guidance about how to keep people safe. Accidents and incidents that had occurred had been recorded, monitored and analysed, to identify trends. Information from the analysis was used to inform staff's practice. For example, risk assessments and care plans were updated to reflect changes in people's needs.

Infection control procedures were maintained and the service was clean. The most recent environmental health visit to the kitchen had awarded the service the top rating of five. Personal protective equipment such as aprons and gloves were available for care staff to use when needed.

People were protected from abuse and discrimination. People told us that staff made them feel safe and that being at the service made them feel secure. Staff knew how to identify signs of abuse. They were aware of how to raise concerns about people's wellbeing and safety. People told us that they felt comfortable to raise concerns with staff and were confident that these would be listened to, and acted upon. When there had been concerns about people's wellbeing, senior staff had either raised these to, or worked with, the local authority, to ensure people's safety and wellbeing was maintained.

People were supported by staff who were safe to work within the health and social care sector. Pre-employment checks had been conducted, and staff's employment history and references obtained. People had access to sufficient staff to meet their support needs. When people requested staff's assistance they received this in a timely way. Consideration of staff's skills and levels of experience were made. Senior staff regularly worked in the service and so had been able to monitor that the planned staffing level were adequate. Staff told us there was adequate staff on duty to meet people's care and support needs.

We looked at the management of medicines. The care staff were trained in the administration of medicines.

The medication administration records (MAR) had been fully completed. Some people managed their own medicines. This was felt to be important for maintaining and building their independence. Appropriate risk assessments were in place to support this practice.

Good

Is the service effective?

Our findings

People told us they felt the care was good, and people's preferences and choices for care and support were met.

We checked whether the staff were working within the principles of the MCA. Senior staff understood the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Members of staff recognised that people had the right to refuse consent. A member of staff told us, "People have the right to make their own choices. Information is key to allow people to make their own choices." Another member of staff said, "It's asking everyone, speaking to them and explaining. If they don't want to we make sure they are informed when making their decision." The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this. They could tell about the DoLS in place for one person and the support they needed with this.

People were supported by care staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. New care staff completed had completed an induction before they supported people. This incorporated the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. New staff were allocated to work alongside existing staff to ensure that they were supported to have a good awareness of people's needs. A new member of staff told us their induction was, "Helpful and quite clear. Any other information I need I go to the managers. I feel well supported. I feel I can talk to people. "Another member of staff told us, "Everyone is supportive. I felt I have learned a lot from the staff I have worked with."

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff also completed training to help them understand learning disabilities and their role in supporting people to increase their independence. Staff told us that they could request additional training easily. They told us that there was a senior manager who kept them up to date with training and they told when they were due to update and complete further training. They felt they had received the training they needed to meet peoples care and support needs.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care needs. They received regular supervision though one to one meetings. This gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Additionally, there were weekly staff meetings to keep staff up-to-date and discuss issues within the service.

Staff had a good understanding of equality and diversity and told us how people's rights had been protected. For example, a member of staff told us, "One person we did a lot of work around their sexuality. We have had people who attend the LGBT group, and people attend church."

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to have an annual health check with their GP, and to make their own healthcare appointments when needed.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. The records were accurately maintained to detail what people ate. A member of staff told us, "There is a real passion to provide a good menu for people. The chef is great and does a weekly menu picked with people. But if they come in and don't want the meal we would ask them what they would like instead." People's weight was monitored regularly with people's permission. There were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. People had been supported with food shopping and menu planning. People had access to a resident's kitchen, and were encouraged in cooking and preparing their own food and snacks. One person told how they enjoyed cooking for them self and said, "I cook for myself and I cook a healthy tea."

Communal areas as well as individual bedrooms, provided people with different spaces to meet their needs. People could personalise their bedrooms with colours, themes, furniture and items that were important to them. Staff told us of the arrangements which had been made for one new person, who had chosen the colour of their room and the new furniture.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. One person told us, "I love it here. They people and staff are encouraging here. They help me cook. It's like a second home." When asked what the service did well a member of staff told us, "We provide a homely environment. It does not feel like a home. We try to help them feel it's their home and their choices. We try really hard to ensure this place works for them." A relative told us how the service was spacious, bright and clean, and there was a calm and welcoming atmosphere. How the residents all seemed to get on well with each other and their relative was happy and content to be living at Outlook House. They went on to tell us they had a good relationship with them. Staff were caring and they feel confident their relative was being well looked after.

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. We observed staff responding to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing. For example, they asked people returning from college how their day had gone and what activities they had been involved in.

Care provided was personal and met people's individual needs. People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person the keyworker. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals for working towards being more independent. These had been discussed with people and their family and their progress towards their goals as part of the review process in place. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, and deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved where possible in making day to day decisions about their lives. For example, we saw people deciding what activities they wanted to do that day. One person was involved with tidying their room. Another had chosen to go out.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered. Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity. A member of staff told us how they had ensured this when providing support, "Not to discuss things in front of other people. Leaving people after the support has been provided. Being respectful."

People had their own bedroom and en suite facility for comfort and privacy. This ensured they had an area

where they could meet any visitors privately. They could arrange for their friends and family to come to dinner, either prepared by themselves or staff in the service. People all had the support of their family, and had not had the need for additional support when making decisions about their care from an advocacy service.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People, wherever possible, were involved in making decisions about their care. People were supported by staff with individual packages of care, to develop their skills and increase their independence. Staff understood people's individual needs and built positive and supportive relationships. A relative told us they believed staff at Outlook House provided good care and support and were valued and respected. They were also given the opportunity to be as independent as their ability allowed, and had enjoyed being listened to and making decisions about how they wanted to live their life.

Before someone moved into the service, a pre-admission assessment took place which identified the care and support people required to ensure their safety. People were invited to come for a stay in the service, as part of the assessment process. This enabled senior staff to identify if people's individual care and support needs could be met in the service, and that people were happy to move in. One person could confirm this and told us about the assessment process they had been though. Staff told us how the care and support was personalised and confirmed that, where possible, people were directly involved in their care planning and goal setting and any review of their care and support needs. People had clear and detailed care and support plans in place which reflected their individual needs and preferences and these had been reviewed. There were opportunities to monitor people's progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in the care plans.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 25 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Staff ensured people's communication needs had been identified at the initial assessment and formed part of their care and support plans. These documented the best way to communicate with people. Information for people and their relatives, if required, could be created in such a way to meet their needs and in accessible formats to help them understand the care available to them. Staff could use Makaton (A language system of hand signs and symbols) to communicate with people.

Technology was used to support people with their care and support needs. A flashing light and vibrating pillow had just been sought to ensure one person was alerted if the fire alarm went off. People had also been helped to access their own computer tablet and mobile telephones.

People were actively encouraged to develop their life skill. For example, take part in daily activities around the service such as cleaning their own bedroom, courses to develop their life skills and engage in activities they enjoyed in the community.

Staff showed us individual activity plans for people, which were created to promote independence. People went to the local college and were supported to attend various courses for people with a learning disability. Some people carried out paid or voluntary work, which included working in charity shops and cafes. People were supported to attend social activities in the community, for example local clubs for people with a

learning disability. People were also supported to go on an annual holiday.
People were made aware of their right to raise concerns and complaints. They told us they would feel comfortable in raising any concerns with staff. People were made aware of the compliments and complaints system, which detailed how staff would deal with any complaints and the timescales for a response. These were displayed around the service, and was also available in a pictorial format to help people understand the process to be followed. Regular meetings and surveys provided opportunities for people and their relatives to make their feelings known.

End of life care had not been provided in the service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 11 July 2017 we found there was a lack of regular and effective auditing and monitoring of the quality of the service. At this inspection we found improvements had been made. However, there was still not a registered manager for the service.

At the last inspection there was a new manager in post who was intending to apply to be the registered manager. They have since left the service on 5 February 2018. A new manager has been recruited and started in the service on 20 March 2018 with the intention of applying to become the registered manager. They were in the process of making an application to be forwarded to the CQC. The CQC have not yet received an application and this was a breach of registration conditions and an area in need of improvement.

Senior staff promoted an open and inclusive culture, by ensuring people, their representatives, and staff could comment on the standard of care and influence the care provided. Staff said they felt well supported within their roles and described an 'open door' management approach. There was a clear management structure, with identified leadership roles. The nominated individual and senior staff within the organisation were based at Outlook House. The manager was supported by senior care staff. Senior staff were based or regularly worked, in the service. Staff members told us they felt the service was well led and that they were well supported at work. They told us the managers were approachable, knew the service well and would act on any issues raised with them. A member of staff told us, "The team is feeling safely led. (Manager's name) is visible and accessible. Supervisions, performance reviews never happened but now are. Things are getting clearer. Moral is a lot better and improving. The manager is streamlining everything and being clearer about what we are trying to achieve. It's just getting so much better. It's wonderful to see and be a part of."

The organisation's mission statement was incorporated into the recruitment and induction of any new staff. The aim of staff working in the service was to be, "Empowering people with learning disabilities by providing safe, comfortable homes in the community. Delivering person centred support, educational development, life skills training and promoting wellbeing, which will enable individuals to achieve their full potential'. Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understanding of the importance of respecting people's privacy and dignity. One person told yes, "It's spacious here and provides freedom. I wanted more space. I feel free here. I feel more independent now."

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, health and safety and infection control. Any concerns raised by the audits were added to action plans. These recorded what had been done to address, any shortfalls and how and when these had been addressed. Accidents and incidents were recorded and staff knew how and where, to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. People and their relatives had the opportunity to comment on the care provided, through reviews and quality assurance questionnaires.

A health and social care professional told us the service had had a positive feel about it and that the manager had always responded promptly to any queries they had.
Policies and procedures were in place for staff to follow. There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers, or outside agencies, if they had any concerns.

Senior staff understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of their responsibilities under the Duty of Candour. This is where providers are required to ensure there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) being informed when things go wrong with care and treatment.