The Outlook Foundation

Jean Marshall House

Inspection report

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Date of inspection visit:
16 January 2018

Date of publication:
05 March 2018

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

The inspection took place on the 16 January 2017 and was announced.

Jean Marshall House is part of The Outlook Foundation, a charity which provides accommodation, and/or personal care and training for young adults with mild to moderate learning disabilities. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the Inspection eight people were living in the service. People have en-suite accommodation and shared the communal facilities. The service is situated in a residential area with easy access to local amenities, transport links and the city centre. Not everyone using Jean Marshall House receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection on 8 December 2015 the service was rated overall Good. At this inspection we found the service remained overall Good. At the last inspection robust recruitment procedures had not always been in place. We asked the provider to take action to make improvements in recruitment procedures and this action has been completed.

Systems had been maintained to keep people safe. People told us they felt safe with the care provided. One person commented, "I love it. I do feel safe. It's a lovely house." They knew who they could talk with if they had any worries. They felt they could raise concerns and they would be listened to. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. One member of staff told us, "I have had supervision, appraisal and a mid-year review." People told us care staff had the knowledge and skills to provide their care and support.

People's individual care and support needs continued to be identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. People told us they felt listened to, supported to be independent and they were involved in decisions about their care. One person told us staff, "They help us with our life skills and learn to go out into the world." Staff had a good understanding of consent.

People and relatives were happy with the care provided. People continued to be supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "They (The staff) are lovely. If I am stressed I can talk to the staff."

The provider continued to have arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. If needed, people were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health.

People, relatives and staff told us the service continued to be well led. A relative told us, "Things run smoothly whilst maintaining the all-important core values, and Jean Marshall House as the tenants' home. There's always something going on and a lot of warmth and laughter along with an underlying reliable structure. If Jean Marshall House says something is going to happen it will. I can knock on the door any time I want and am made very welcome." Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something. Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews and by using quality assurance questionnaires.

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 is now Good

People were cared for by staff who had been recruited through safe procedures.

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

There were sufficient staff numbers to meet people's personal care needs.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Jean Marshall House

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 16 January 2018 and was announced. We told the registered manager forty-eight hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection.

We previously carried out a comprehensive inspection on 8 December 2015.

The provider had completed 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided. We contacted by Email two people's relatives for their experiences of the service provided and received one response.

During the inspection we went to the service and spoke with four people using the service, the nominated individual for the provider, the registered manager, three care staff, and a visiting relative. We spent time looking at records, including two people's care and support records, five staff files, the recruitment records for two new staff and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us they felt safe because of, "Staff support here. There is always staff around to provide support. " A second person said, "My room just having that nice time by myself." One member of staff told us, "It works fairly well here. Definitely safe."

At the last inspection on December 2015 we found robust recruitment procedures had not always been followed to protect people. This was a breach of Regulation 19(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found work had been undertaken to address this. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

There continued to be sufficient staff on duty to meet people's needs. The registered manager looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. The registered manager regularly worked in the service and so was able to monitor that the planned staffing level was adequate. Staff told us there were adequate numbers of staff on duty to meet people's care needs. Agency staff were not used in the service. Care staff worked extra shifts or senior staff covered the rota when necessary. One member of staff told us, "We work quite closely and know each other's way of working. We cover each other." Another member of staff told us, "We all know what we are expected to do on each shift. We are flexible."

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. For example, people were supported if they wished to attend a range of social activities. To support people to be independent risk assessments were undertaken. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback to senior staff when they identified additional risks or if things had changed. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Procedures had been maintained for staff to respond to emergencies. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and

incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. Where people had received support with their medicines they told us this had continued to work well. A relative told us, "Staff have been patient and determined in helping him find the right medication and counselling support. The approach being very much towards what works for him, never 'one size fits all'." People had also been supported to self-administer their medication through a risk management process. Care staff were trained in the administration of medicines. Regular auditing of medicine procedures had been maintained, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these on induction.

Good

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care. People told us they felt the care and support was good, and their preferences and choices for care and support were met. The relatives told us that the staff were knowledgeable and kept them in touch with what was happening for people. We observed care staff interacting with the people and taking the time to meet their needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. People told us they were always asked for their consent before any care or support was provided. One member of staff told us, "You assume they have capacity. If it's the wrong decision it does not mean it's the wrong decision for them. We talk through why they are taking that decision."

When new staff commenced employment they continued to undertake an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff continued to undertake essential training to ensure they could meet people's care and support needs. One member of staff told us, "I get asked if there is any more training I would like to do." Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care. Staff told us that the team continued to work 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. Staff all confirmed they felt very well supported by the registered manager. They had continued to attend regular supervision meetings throughout the year and had completed a planned annual appraisal.

People told us the food was good. Where required, staff continued to support people to maintain a healthy diet. Staff told us they continued to monitor what people ate and if there were concerns they would refer to appropriate services if required. People had access to the kitchen, and were encouraged in cooking and preparing their own food and snacks. People were being supported with food shopping, menu planning and cooking their own meals where this had been identified as a life skill to be developed. The registered manager told us a 'Come dine with me' evening had been set up, "They each take it in turns to cook for the house."

People continued to be supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed.

People's needs had continued to be holistically assessed and care plans were based upon assessments of their needs and wishes. People and their relatives told us that they had been involved in developing their care plans. Records showed that care plans were regularly reviewed and updated to reflect care delivery.

The nominated individual for the provider told us there were ongoing plans for redecoration and refurbishment of the service. Where possible people had been involved in the changes made, "We are looking at what people want and what is viable." The kitchen had recently been refurbished, additional changes had included redecoration and new floorings, two new bathrooms, external repairs and a further area had been identified and was in the process of being set up as another lounge for people to use. They told us the provider was looking at how the service could be best used in the future, which included the number of people to be best accommodated within service. A formal timescale was being looked at for the implementation of these plans.

We recommend the provider consults with CQC, 'Registering the right support' document to ensure any planned or future alterations are in line with current guidance.

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. One person told us, "Staff smile at everyone. It helps us if something goes wrong. Friendly staff having jokes with you when you are sad." One member of staff told us, I enjoy coming into work. You get to know the tenants and what support they need." Another member of staff told us what they enjoyed about working in the service was, "Watching them grow. It's a really nice place to work." A relative told us when asked what the service did well, "There's love. I can't leave that out. I know that my son is held in genuine high esteem and you can't put a price on that."

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people and told us people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. People consistently told us they were happy with the arrangements of their care and support. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain and develop their independence. People told us their privacy was respected and had been consistently maintained. One member of staff told us, "We don't go into people's rooms without permission."

Peoples' equality and diversity continued to be respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. One member of staff told us, "They are just the same as everyone else. No restrictions. We look at what is going on and try to involve them in the community." Another member of staff told us, "It's valuing people as an individual then it's naturally equal." The registered manager told us last year the provider had arranged for people to take part in the annual gay pride festival, "We had a float and they took part in getting the float ready."

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People told us that staff remained responsive to their needs. One person told us, "It's been a real step forward coming here." When asked what the service did well one member of staff told us, "If these guys want to try anything they will get the backing to do it." A relative told us, "They run a busy household that is vibrant and mutually supportive, encouraging everyone to follow their interests and achieve their ambitions. Daily routine is encouraged in a positive way, such as room cleaning, laundry and shopping. There is flexibility where needed, as well as expectations of everyone. Communication is excellent, both within the house and outwardly to us parents when deemed necessary in the tenant's best interest. Any problems within the house (Which are rare) are dealt with openly and fairly. He's also been so well supported in activities that he wants to do. (Person's name) is happy, we are happy. He is well. We all talk to each other. I thank my lucky stars."

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. Senior staff undertook the initial assessment, and discussions then took place about the person's individual care and support needs. Work had continued in order to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences and care and support needs. Feedback from people, relatives and care staff was that information was regularly updated and reviewed. Staff told us communication was good when changes had occurred and they received information about any changes in people's care and support needs.

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 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured people's communication needs had been identified and met. Staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. Information for people and their relatives if required were created in a way to meet their needs in accessible formats to help them understand the care available to them. Although people were mainly communicated with verbally or read information, there were times when information was used in a pictorial or easy-read format. For example one member of staff told us when working with one person, "I ended up drawing it in pictures. Some need a picture form."

People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own bedroom. We were shown individual activity plans for people, which were created to promote independence. People went to the local college and were supported to attend various courses. Some people carried out 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 enjoyed participating in a range of leisure activities, for example one person told us how they were going to attend a football match the following Saturday.

Resident meetings continued to be held regularly. This enabled people to find out what was going on in the service and share any ideas or work out any problems. We saw evidence of meeting minutes detailing what had been discussed. This respected and involved the people who lived at Jean Marshall House. They were involved in the service and were given the opportunity to discuss for example what they would like to do. One person told us, "We talk about activities." People were also encouraged and supported with the completion of quality assurance questionnaires. Staff gave us an example of when changes had been made following feedback received from the last questionnaires completed. For example, feedback had led to the recent refurbishment of the kitchen. People had been actively involved in different ways in the design, choosing colours and new equipment.

People and their relatives were asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints. People told us they felt comfortable in raising any concerns and knew who to speak to. A relative told us when asked what could be improved in the service, "Things inevitably occasionally go wrong. When they do, we talk about it and they get put right. I'm talking about small things e.g. something not working in his room. I'm hard pressed to think of anything else, honest answer. There's a climate of openness."

Good

Is the service well-led?

Our findings

People and staff all told us that they were happy with the way the service was managed and stated that the senior staff remained approachable and professional. One member of staff told us, "It's all going in a good direction at the moment." Another member of staff told us when asked what the service did well, "Choice, you see them grow, you get the leeway to work in certain ways. Try something else and get the backing and advice to do it. Advice to try this, and that. We can use staff meetings and staff will put their ideas in as well." A third member of staff said, "It's their home and how they want it."

The service had 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. There was a clear management structure with identified leadership roles. The registered manager was supported by senior care staff. Staff told us they continued to be well supported. Comments, in relation to the registered manager, included, "Visible and very approachable," "(Registered manager's name) is a good manager. We know we can go to her to discuss things," and "More approachable than any manager I have had."

Policies and procedures continued to be in place for staff to follow. The nominated individual for the provider and the registered manager were able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the provider's policies and procedures. 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 had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected.

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and by completing regular reviews of the care and support provided to ensure that records were completed appropriately. People were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held regularly and had been used to keep care staff up-to-date with developments in the service.

The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required, to ensure people received the correct care and treatment required. The registered manager was committed to keeping up to date with best practice and updates in health and social care. They told us they attended the local community disability forum, It's good as you get to meet lots of other people in the same business." They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important

events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.