

Isand Limited

# The Outwood

## Inspection report

12 Outwood Lane  
Horsforth  
Leeds  
West Yorkshire  
LS18 4JA  
  
Tel: 01132391507

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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

### About the service

The Outwood is registered to provide accommodation for adults under 65 years of age who require nursing or personal care and have a diagnosis of a learning disability and or a mental health condition. On the day of our inspection 10 people were living in the home.

The Outwood is a large home based in Horsforth, in a rural area of Leeds. It had a large garden which contained swings, trampolines and a designated planting area for people who enjoyed gardening. There was also a smoking shelter.

There were eight bedrooms in the main building. There were two flats attached to the main building which included kitchenettes and were used for people that were more independent. Rooms were very individual and people decorated these as they wished to make it their own.

The 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.

### People's experience of using the service

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments had been completed and analysis was used to identify trends and themes to reduce future risks. Incidents and accidents were managed effectively; lessons were learned to prevent future risks.

There were enough skilled and experienced staff to meet the needs of people who used the service. Staff recruitment procedures were robust. Staff completed a comprehensive induction and training programme.

People were well cared for by staff who treated them with respect and dignity. People were involved in decisions about their care. People's right to privacy was maintained by staff.

Staff understood people's likes, dislikes and preferences and people were offered choices about their care.

Where required, people were supported to have enough food and drink to maintain a good diet and their health needs were regularly monitored. Staff followed the advice health care professionals gave them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. 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.

A complaints system was in place and complaints were managed effectively. Relatives told us they knew how to complain if needed.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service was good (published September 2017)

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Outwood

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

The Outwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did

Before the inspection, the provider sent us a 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. This information helps support our inspections.

We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

We also reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people and two relatives to ask about their experience of the care provided. We looked at two people's care records and medicine records. We spoke with the registered manager, deputy operations

manager, and two staff members. We looked at two staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines as prescribed.
- The provider followed the STOMP campaign which sought to stop the over-use of psychotropic medication to manage people's behaviour. One person had been supported to stop a medicine which had caused weight gain. The person had subsequently lost weight and this had improved their well-being.
- Medicine audits had been carried out to check the medicine management system remained safe. Actions were taken to address any concerns identified.
- Staff who administered medicines had received up to date medicine training and had their competency to administer medicines safely had been checked.
- Where people were prescribed medicines on an 'as required' basis, care records contained enough information for staff about the circumstances in which these medicines were to be used.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff keep me safe."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns. For example, one person was a risk towards others due to their physical aggression. Staff were guided on how best to support the person using techniques such as re direction to prevent aggression and as a last resort restraint was used to protect people and keep the person safe.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.

### Assessing risk, safety monitoring and management

- People's care plans included risk assessments and staff promoted people's independence and freedom, as well as minimising risks to support their safety.
- People remained safe as risk management plans were reviewed, individualised and contained clear guidance for staff to follow. For example, one person was supported to use plastic cutlery as they were at risk of placing metal items in microwaves and had previously thrown items in the kitchen.
- The registered manager continuously reviewed risks to people.
- The provider had placed CCTV within communal areas of the home to keep people safe. They used this when investigating incidents or reports of abuse.

### Staffing and recruitment

- There were enough staff to meet people's needs. Staff rotas demonstrated safe staffing levels were maintained.
- Agency staff were used as the provider was in the process of recruiting new staff. The registered manager

told us where possible they used the same agency staff to ensure consistency. We saw the use of agency had reduced since recruitment of new staff had taken place.

- The provider had robust recruitment procedures which ensured suitable staff were employed.

#### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- Infection and control audits were carried out to ensure the home was safe at all times.
- The home was clean and tidy.

#### Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The management team regularly carried out accident and incident analysis to identify any causes or contributory factors. We found corrective action was taken to reduce the risk of further incidents occurring, as a result of the analysis.
- Case studies were discussed with staff to ensure lessons were learnt from incidents. The deputy operations director told us lessons were also learnt when incidents had happened at their other services. They had recently introduced specific supervisions sessions with staff to discuss safeguarding, to ensure they understood the importance of reporting concerns.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. For example, one person made the decision to take their medicines with food as a preferred method of administration. The person had capacity to make this choice and staff respected this.
- Care plans instructed staff to offer people choices. This included one person being shown two items of clothing to choose from each day. The person was non-verbal, but they were still able to make this choice by pointing to what they wanted to wear.

Staff support: induction, training, skills and experience

- New staff had an induction which included training and a probationary period to ensure they were competent before working alone with people.
- Staff told us training was provided which ensured they had enough knowledge to support people and fulfil their role effectively.
- Staff told us they were supported by the management team. They had regular supervisions and annual appraisals to support with their development and identify any training needs.
- Career opportunities were encouraged by the provider. The deputy operations director said they operated a gold, silver and bronze training programme which supported staff to learn about team leader and management skills.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in meal choices and supported to maintain a balanced diet.
- There was an audio tile in the kitchen which meant people could press it to hear what options were available for meal times.
- Some people needed support from staff when eating. We observed one staff member prompting a person to eat their breakfast using sign language as the person was non-verbal.
- The registered manager worked closely with health care professionals and arranged support for people when it was required. One health professional said, "I don't know how they do it here. They do an amazing job. They do it with good grace and the management team keep staff so positive. I think they are astonishing and go above and beyond. They are all positive and forward looking. They seek and take on board advice."

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- People's capacity to make certain decisions was assessed. Where necessary, DoLS applications had been submitted.
- Where people did not have capacity to consent to their care and support, this was provided in people's best interests following discussion with other relevant people, such as people's families.
- Staff were knowledgeable about the MCA. One staff member said, "We must presume that people have capacity. If they don't, decisions should be made in people's best interests."
- Restraint was sometimes used in the service to protect people from harming themselves or others. There was a restraint policy in place which staff followed. The staff all wore alarms which would trigger a noise for other staff to respond to, if pulled. Call points were visible, so staff could see where the alarm had been raised and respond to this.
- Staff had all received training in restraint to ensure this was carried out safely. One staff member said, "We use restraint as a last resort. If we have to restrain we would complete an incident report and if there were any injuries, we would do an injury report. For some people we use behavioural analysis to monitor frequency of incidents."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated kindly by caring staff. Comments included, "The staff have so much empathy and care so much about [name]. I couldn't think of anywhere better for them" and "Staff are caring and friendly."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted.
- Staff told us they always explained to people what they were doing when carrying out care. We observed a staff member supporting a person who was being aggressive towards staff. Staff followed the person's care plan which told them to ask the person to count numbers which helped them to stop aggressive behaviours. We observed this technique was effective.
- People's religious, spiritual, and cultural choices were met and recorded in support plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person suffered from seizures which sometimes caused them to be incontinent. Staff were instructed to cover them with a towel and if in the community staff advised members of the public to move away from the area to maintain the person's dignity.
- Staff were proactive and encouraged people to remain independent. One staff member told us they supported a person by showing them how to wash by acting out what to do and then the person copied them so they could be independent. Another person was being supported to move back to their family home to promote their independence.

Supporting people to express their views and be involved in making decisions about their care

- People said they were involved in care planning. One person had requested weekly meetings with the registered manager to discuss their care. The registered manager said this allowed the person to feel listened to and supported them to make decisions.
- One person had been supported to improve the signs they used to communicate with staff to ensure they could express their views. This had been effective as they were now able to inform staff when they needed to use the bathroom.
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Personalised care plans were created which included people's likes and dislikes.
- Some people using the service had positive behavioural plans incorporated into their care plans for staff to follow. These included details of a people's observed behaviours and what worked well to reduce this behaviour.
- People were encouraged to have full control of their lives. Staff observed people's abilities and proactively supported them to enhance their independence. One person had been supported to start a college course to promote learning and had set themselves a goal to move back home.
- People told us care reviews took place with them. The reviews were person-centred and showed people had set their own goals to achieve. One person had learnt to use the toilet independently with prompts from staff. They previously required the use of incontinence pads which were no longer needed as they had achieved their goal.
- People were supported to maintain relationships with their family and friends. One relative said, "We are always involved in [Name's] reviews and regular meetings to see if anything is changing and which goals they are able to manage."
- People were encouraged to go out into the local community and participate in activities they enjoyed. One relative said, "[Name] is jolly and happy. They have had lots of visits out and about and to the seaside. They have had a fantastic time."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support the person to communicate.
- The provider used easy read formats and visual aids to support people to communicate effectively. Some people had their own individual signs they used to communicate with staff which staff were familiar with. For example, one person rubbed their stomach when they wanted to say sorry.

### Improving care quality in response to complaints or concerns

- People and relatives knew how to provide feedback to the management team about their experiences of the care they received. They felt confident any feedback would be managed effectively.

- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

#### End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection.
- Staff discussed people's preferences and wishes for end of life care and this was recorded in people's care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the staff we spoke with demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the centre of everything they did. Their values included, being committed, reliable, being honest and open, respectful, inclusive, creative and flexible.
- The provider had comprehensive quality assurance systems in place. This enabled the registered manager to collate information to show how the service was performing and identify where improvements were needed.
- The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People and their relatives told us any concerns raised were managed effectively.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns. One staff member said, "I love it. The registered manager has an open-door policy and is approachable. They don't let anything slide. I'm proud of how we work here."
- The registered manager fully engaged with staff and relatives. The home used a computer tablet for staff to communicate any changes and everyone had access to this. People were photographed by staff during the day and the photos were sent to people's families to show what they had been doing.
- Staff involved people in decisions and gathered their views in monthly meetings. The minutes taken from the meetings demonstrated feedback was taken on board and people were listened to. For example, people had requested a sensory wall and this had been implemented.
- Online staff surveys were carried out and the registered manager acted on the feedback provided.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people. One relative said, "It's a happy place. We are very much happy with the care."