

Outlook Care

# Outlook Care - Beaully Way

## 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

We carried out an unannounced inspection of Beaulay Way on 11 January 2018. Beaulay Way 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.

Beaulay Way is a six bedded care home for people with learning disabilities and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, there were five people living in the home.

At our last inspection on 10 July 2015 the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

People continued to receive safe care. Risks to people were identified and there was guidance in place for staff to minimise these risks and safeguard them from abuse.

Systems were in place to ensure medicines were administered safely and when needed.

Equipment in the service was maintained and serviced regularly. People lived in an environment that was safe and suitable for their needs.

Any accidents or incidents were investigated and recorded. Lessons were learnt by all staff to minimise the risk of reoccurrence.

There were enough staff on duty to support people. Recruitment processes were safe, which ensured that staff were suitable to work with people who needed support.

People continued to be supported by staff who had received training to provide an effective service.

People were supported to have choice and remain as independent as possible. The service was compliant with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and relatives were involved in decisions about their care.

People's nutritional needs were met. Staff worked with health and social care professionals, such as speech and language therapists and GPs, to ensure that people remained healthy and well.

People continued to receive support from staff who were caring and which was responsive to their needs. They were supported by caring staff who treated them with respect. Their privacy and dignity were maintained.

We saw that staff supported people patiently and were attentive to their needs.

People were able to engage in activities and social events that they enjoyed. They were able to provide feedback and make suggestions about what they wanted from the service. There was a complaints procedure in place, although no complaints had been received by the provider since the last inspection.

The service continued to be well led. Since the last inspection, a new registered manager had been appointed to manage the service. They ensured the quality of the service was monitored regularly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Outlook Care - Beaulay Way

## **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.

This unannounced comprehensive inspection took place on 11 January 2018. The inspection was carried out by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR), which was submitted to us in August 2017. This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. We also reviewed previous reports and contacted the local authority to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people. We spoke with three staff and the registered manager. We also spoke with two people who used the service. We looked at all five people's care records and other records relating to the management of the service. This included four staff supervision and training files, staffing rotas, accident and incident records and procedures relating to complaints, health and safety, quality monitoring and medicine administration.

After the inspection, we spoke with two relatives of people who use the service, by telephone.

# Is the service safe?

## Our findings

People and their relatives told us the service was safe. One person said, "I am safe here, really safe." A relative told us, "Yes a very safe place for [family member]. [Family member] has lived there for many years and is very happy."

Systems were in place to safeguard people who used the service. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the management team would deal with any concerns they raised. One member of staff said, "If I saw signs of abuse towards a person, I report it to the manager straight away and follow safeguarding procedures."

People's finances were under the Court of Protection, which helped people make decisions on how their money was spent. The provider held money on behalf of all people, securely. We observed that monies were counted when there was a handover of staff and we saw that they were accurate when we checked them. Records of people's purchase receipts and balances were held by the provider for safekeeping. This ensured that people were protected from the risk of financial abuse.

Care was planned and delivered in a way that ensured people's safety. We found that risks were identified and systems were put in place to minimise risk and to ensure people were supported as safely as possible. For example, one person's risk assessment stated that they may display behaviour that harmed themselves and others. We found that positive behaviour support plans were in place to provide guidance for staff to ensure any risks to people were mitigated against.

Other risks to people included the risk of people having an epileptic seizure when taking a bath. Risk assessments contained guidance on action staff should take if people showed signs they were about to have a seizure. We saw that one person's mattress in their bedroom had a sensor installed to alert staff if they were having a seizure while they were sleeping. This ensured that any risk to a person's health was monitored at all times.

Staff rotas showed that staffing levels were sufficient to meet people's needs and to support them safely. There were three staff on duty in the morning and two in the afternoon. Staff were supported by a team leader and the registered manager. One staff member said, "We have enough staff here to cover shifts and for when we need time off."

The registered manager was able to find suitable cover for when staff were on annual leave or off sick, by using bank staff. The bank staff were familiar with the service and the needs of the people living there. People and relatives told us there were suitable numbers of staff in the home.

People received their prescribed medicines safely and at the times they needed them. Medicines were administered by staff who had received training. We saw that Medicines Administration Records (MAR) were up to date and contained details of the medicines people had received at the prescribed times. Staff

ensured they checked that medicines had been administered and recorded during each shift handover. One member of staff said, "I have had refresher training recently and an assessment to make sure medication is managed safely."

There were procedures in place for medicines that were to be administered when required (PRN), such as painkillers. Medicines were securely stored in cabinets in people's rooms or in separate cabinets in other areas within the home. One person told us, "I get my medicines when it is time."

The provider's recruitment process ensured that staff were suitable to work with people who needed care and support. This included prospective staff completing application forms and providing references. The necessary pre-employment safety and background checks had been carried out by the provider, before new staff began to work with people.

People were cared for in a safe environment. We saw records of gas, water and fire tests which showed that the premises were safe for people and staff to live and work in. We noted that a service of the electrics in the premises was due in February 2018 and the registered manager told us the provider would arrange this. There were records of weekly health and safety checks. Staff were aware of the procedures to follow in an emergency, for example, in the event of a fire. Each person had a personal emergency evacuation plan detailing how to assist them in the event of an evacuation being necessary.

Staff had received infection control training and told us they used protective equipment such as gloves and aprons when providing personal care. Equipment, such as adapted baths and call systems were regularly serviced and maintained as per the manufacturer's guidance.

There was a procedure in place to review any accidents or incidents that occurred in the service. We noted that there was one incident that had occurred since our last inspection and the provider took appropriate measures to ensure the person remained safe. Records showed that action was taken and lessons were learnt to reduce the risk of repeated incidents. Issues and concerns relating to incidents were discussed during staff meetings when required.

# Is the service effective?

## Our findings

People and relatives told us they were supported by staff who had received appropriate training and were able to meet their needs. A relative said, "The staff are well trained and know how to look after people." One person told us, "Yeah, good here. Staff are good, they know what I need."

Staff had continued to receive training that was relevant to their role. They were knowledgeable about people's individual care and support needs. A member of staff told us, "The training was very helpful and provided guidance." Training incorporated Care Certificate standards, which is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time.

Staff told us that they received supervision from the registered manager. During supervision, staff were able to discuss any concerns they had about people in the home, training requirements or any personal issues. Staff told us they were supported to carry out their roles by the management team. One member of staff said, "We have supervision monthly and an annual appraisal. We can approach the manager with any questions or queries and receive help."

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 by the Court of Protection. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that staff asked people's consent before they carried out tasks. Systems were in place to ensure that people were not unlawfully deprived of their liberty. All people living in the service had a DoLS in place. The registered manager had made applications for the renewal of people's DoLS before they were due to expire. They were aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. We saw records of best interest and capacity assessments for each person.

People's human rights were protected and staff had received training in equality and diversity. This helped them be aware of people's preferences and backgrounds, such as their sexuality, religion or ethnicity. Staff treated people equally and as individuals, regardless of their race, disability or sexuality. One member of staff said, "We respect everyone's uniquely as individuals. They have choice to do whatever they wish and we treat them equally." The registered manager told us people were supported to pursue relationships and meet new people if they wished to do so. We noted that one person was supported by staff in this area when they wanted to meet another person.

People's needs were assessed before they started to use the service. Information was obtained from other



care professionals, social workers and relatives. Assessments contained effective outcomes people wanted to achieve in line with social care guidelines. People's outcomes were divided into specific areas of support, for example "Being healthy", "Safety and security" and "Enjoying and achieving." They were supported in these areas by staff and they were discussed during monthly reviews. Changes to people's needs were communicated to staff at team meetings and handovers to enable them to respond to people's current needs. Staff shared information so that all staff were aware of any issues and what actions needed to be taken.

There was appropriate signage and adaptations around the premises, which was a large house in a residential area. There were communal areas such as a dining room, living room and a garden. Adapted baths, showers and hoists were fitted for people to use safely. Food items, such as those kept in the refrigerator, were labelled and stored at the correct temperatures to ensure they remained fresh. The kitchen was clean and well maintained.

People were provided with a choice of suitably nutritious food and drink. They were supported to have meals that met their needs and preferences, including any special diets, such as soft diets. Menus were planned with all people involved and they were asked each day what they wanted for their breakfast and lunch, should their requests change. We observed a lunch time service and people were able to eat unassisted. Where they required their food prepared in a certain way, such as in small pieces, this was provided by staff. If there were concerns about a person's weight or diet, we saw that advice was sought from relevant healthcare professionals. One person told us, "Yes, I like the food. Food's nice here, tasty."

People's healthcare needs were monitored and they were able to have appointments with health and social care professionals such as GPs and learning disability practitioners. Care plans contained the contact details of the relevant professionals that the person usually had appointments with. People were also referred to speech and language therapy specialists, where needed. There were records of appointments and their outcomes in people's care plans. A member of staff told us, "We know what to do and who to call if there was an emergency or a resident was unwell. We have an on call manager on duty out of hours as well." A relative told us, "The service makes sure [family member] sees a doctor or goes to their appointments and check-ups."

## Is the service caring?

### Our findings

People and relatives told us staff treated them with dignity and respect and that they were caring. One person said, "Yes the staff are nice. They help me and are friendly." One relative said, "Definitely caring staff. Very kind and sweet. They look after people. They keep me updated and involved all the time."

We noted there was a calm and relaxed atmosphere in the service. We saw that staff supported people in a gentle and patient manner. They understood people's habits and daily routines. When spending time with people or assisting them, staff explained what they were doing when and did not rush them. This helped people to relax and enjoy staff's company. A member of staff told us, "We get on very well with our residents. I know their likes and dislikes. When we walk with them, we support them by walking side by side. We protect them and show them dignity."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, one person's care plan said, "I am full of energy and like to keep busy. I like to keep my room in order and keep it clean and tidy." Staff ensured people's privacy was respected and one member of staff told us, "I make sure doors are closed when providing personal care to a resident."

Relatives told us they were involved in developing and reviewing the care plans for their family members. We noted that they attended meetings with the staff to ensure they were involved in any decisions made about their loved one's care. One relative said, "I attend meetings. The staff invite me when they do their reviews."

We saw that there were appropriate transition arrangements in place for when people moved from or to another service. For example, one person had moved from Beaulieu Way to one of the provider's other services in the local area. The registered manager provided the person with photographs of Beaulieu Way, which meant people were supported to maintain positive memories of their stay in the service.

Any cultural and religious needs people had were identified and respected. For example, people were supported by staff to attend places of worship such as the local synagogue or church. Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff told us they made sure people's personal information was not shared with anyone else and adhered to the provider's data protection policies.

The registered manager knew how to access advocacy services, such as Voiceability, to enable people to air their views and to ensure their human rights were protected.

## Is the service responsive?

### Our findings

People and relatives told us the service was responsive and said that they were satisfied with the care their family members received. A relative told us, "The staff are friendly and keep us informed. They told me about the result of a blood test my [family member] had. They are very good."

People received care and support that met their individual and changing needs. Person centred care plans were developed, which contained details of the person's needs, preferences and wishes. They were discussed with the person and their relatives. Care plans contained a document called "What is Important to Me." It contained a one page profile and a brief history of the person. One person's care plan stated, "It is important for me to visit my parents. I also enjoy attending my weekly activities (music, art, bowling, Tuesday Club and swimming." We saw that care plans were reviewed each month and were updated when needed. This ensured people received a personalised service and staff responded to people's requests and needs.

People were encouraged to make choices and to engage in recreational activities. Each person had their own individual activity plan. On the day of our inspection, we noted that most of the people in the home had chosen to see a pantomime in the evening. People's rooms were personalised, according to their wishes. Staff understood people's individual hobbies and interests that were important to them and which helped them in their day to day lives. For example, one person enjoyed playing with certain types of small objects and staff ensured they had access to them at all times of the day.

There was a keyworker system in place, which meant people were allocated a member of staff, who took responsibility for arranging their care needs and preferences. We found that records of key work meetings were up to date.

'Resident' meetings took place and we saw that topics discussed included activities and meals. The meetings enabled people to provide feedback or requests to staff.

The provider ensured people received information that they could understand. For example, there was an easy to read complaints leaflet. People were supported and encouraged to raise any issues they were not happy about and an easy to read complaints procedure was displayed. People and relatives were supported to raise any concerns or complaints. A relative told us, "I would speak to [registered manager]" We saw that there had not been any formal complaints since our last inspection.

Staff told us they communicated with people using objects, pictures and gestures. One staff member said, "We grow to understand people and their needs. We can gauge how they are by looking at their reactions and by gently touching them like holding their hand. Sometimes people will hold our hand and show us what they want to do or eat."

## Is the service well-led?

### Our findings

There was a registered manager in post. The registered manager started working in the service after our last inspection following changes made by the provider. They were also responsible for two other Outlook Care services in the local area and told us, "My main base is Beaulieu Way as I have an office here. I am able to divide my time across all the services and make sure I am updated all the time." Other senior staff, such as team leaders based at Beaulieu Way, ensured there was management oversight of the service in the registered manager's absence, whom they communicated with regularly.

Staff told us the service was well led and that the registered manager was friendly and approachable. One staff member said, "[Registered manager] is fantastic. Very good, I feel very supported. He understands that we need a work/life balance and is very flexible if we need time off, for family reasons or study time." Another staff member said, "The manager was very helpful and supportive when I started working here." The registered manager said, "I have fantastic staff. The morale is good and they are dedicated, compassionate and committed to our residents. Our residents are smart and would be able to tell us if they are not getting a good service from the staff."

People and relatives were positive about the management of the service. We saw that one relative had written in their feedback, "I am grateful for all the hard work of the staff and the manager. I am really happy and pleased with the care [family member] receives." Another relative told us, "The care home is second to none. Excellent." One person said, "Manager is really nice."

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. Compliments were received by the service from health professionals, visitors and relatives. One comment from a social care professional was, "I would like to thank the manager and staff for all the fantastic work they all do for the residents at Beaulieu Way. Residents are happy and achieving good outcomes." The registered manager also complied with any service improvement actions set out by the local authority.

Staff meetings took place every other month or when needed, which enabled the registered manager and other senior staff to share important information and for staff to discuss issues or concerns about people in the service.

There were clear management and quality assurance structures. The registered manager monitored the quality of the service provided to ensure people received the care and support they wanted. Monthly and quarterly audits were carried out to check all areas of the service, such as risk assessments, staff supervision and responding to incidents. Themed audits took place every quarter which meant a particular area was focussed on to ensure the service was complying with regulations and requirements. For example, we saw an audit of MCA and DoLS practices were carried out within the service by the registered manager.

The registered manager was supported by a regional manager of Outlook Care who visited the service and carried out observations and discussions with people, staff and relatives. The provider had established

technology within the service which enabled a reduction in the use of paper and information, such as training and recruitment records, to be stored electronically.

People's opinions and feedback were obtained. Annual questionnaire surveys were sent to people and other stakeholders such as relatives. We looked at the results from the most recent survey and saw that comments were positive.