

Outlook Care

Outlook Care- The Bungalow

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Outlook Care - The Bungalow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Outlook Care - The Bungalow accommodates six adults with learning disabilities or autism in one building on one level. 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 life as any citizen.

The inspection took place on 2 and 6 August 2018 and was unannounced. This was the first inspection since the service was registered under the provider Outlook Care in August 2017.

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.

Staff were knowledgeable about safeguarding and whistleblowing procedures. The provider carried out safe recruitment checks before new staff began employment. There were enough staff on duty to meet people's needs. Building checks were carried out to ensure the safety of the premises in line with building requirements. Risk assessments were carried out to mitigate the risks of harm people may face at home and in the community. People were protected from the risks associated with the spread of infection. The provider analysed accidents and incidents and used this as a learning tool to make improvements to the service.

People's care needs were assessed before they began to use the service to ensure the provider could meet their needs. Staff were supported with training opportunities, supervisions and appraisals. People were supported to eat a nutritionally balanced diet and to maintain their health. Important information such as changes in people's care needs was communicated during staff handover. The provider and staff understood their responsibilities under the Mental Capacity Act (2005) and the need to obtain consent before delivering care.

Relatives told us staff were caring. Staff described how they developed caring relationships with people. Relatives were kept updated on the wellbeing of their family member. People had a named care worker who had overall responsibility for their care. Staff were knowledgeable about equality and diversity. People were supported to maintain their independence and their privacy and dignity was promoted.

Staff understood how to deliver personalised care. Care plans were personalised and contained people's

preferences. People were offered a variety of activities in accordance with their preferences and each person had an individualised activity programme. The service was meeting people's accessible communication needs. The service had a complaints procedure and kept a record of compliments.

Relatives and staff gave positive feedback about the management of the service. The provider had a system to obtain feedback about the service in order to make improvements. People had regular meetings so their preferences could be heard. Staff had regular meetings to keep updated on service development and to contribute their views on the running of the service. The provider had several quality audit systems to identify issues to improve the service delivered. The registered manager worked in partnership with outside agencies to share examples of good 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. Staff were knowledgeable about safeguarding and whistleblowing procedures. There were enough staff on duty to meet people's needs and safe recruitment checks were made before staff were employed.

Risk assessments were carried out and included plans to mitigate risks which people using the service may face. The building was safe in line with building requirements.

Medicines were managed safely. People were protected from the risk of the spread of infection. The provider used accidents and incidents to improve the service provided.

Is the service effective?

Good ●

The service was effective. People had their care needs assessed before they began to use the service. Staff were supported with regular opportunities of training, supervisions and appraisals.

People had access to healthcare as they needed. Staff supported people with their nutritional and hydration needs with a varied menu. The premises was designed to meet people's needs.

The service provided care in line with the requirements of the Mental Capacity Act (2005). Staff understood the need to obtain consent before delivering care.

Is the service caring?

Good ●

The service was caring. Relatives told us staff were caring. Staff supported people in a caring manner.

The service had a keyworking system. Relatives were kept informed about their family member's wellbeing.

Staff explained how they got to know people and developed caring relationships with them. People's privacy, dignity and independence was promoted.

The provider had an equality and diversity policy and staff knew how to deliver an equitable service.

Is the service responsive?

The service was responsive. Staff understood how to deliver a personalised care service. Care records were personalised and included people's preferences.

A variety of activities were offered to maintain people's well-being. People's accessible communication needs were met.

The provider had a system to handle complaints and to record compliments in order to make improvements to the service.

Good ●

Is the service well-led?

The service was well led. There was a registered manager at the service. Relatives and staff spoke positively about the management of the service.

The provider had a system to obtain feedback from people and relatives about the quality of the service delivered.

People and staff had regular meetings so their views could be heard about the quality of the service.

The provider had several quality audit systems in place to identify areas for improvement. The service worked jointly with other agencies to share examples of good practice.

Good ●

Outlook Care- The Bungalow

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 2 and 6 August 2018, was unannounced and was carried out by one inspector.

Before the inspection, the provider 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 the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority with responsibility for commissioning care from the service to seek their view about the service.

During the inspection, we spoke with four staff members including the registered manager and three care staff. We observed care and support that was provided in the communal area and spoke with one person who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We reviewed two people's care records including risk assessments, care plans and medicines. We looked at four staff records including recruitment and supervision and looked at records relating to how the service was managed including staff training, policies and procedures and quality assurance documentation.

After the inspection we spoke with three relatives.

Is the service safe?

Our findings

Relatives told us their family member was safe at the service. There had been no safeguarding incidents since the previous inspection. Staff received safeguarding adults training. The provider had a safeguarding and whistleblowing policy which gave clear guidance to staff on what actions to take if they suspected a person using the service was being abused or harmed.

Staff demonstrated they knew what actions to take if they suspected somebody was being abused. One staff member told us, "I would report it immediately to my manager. If nothing gets done you go to a higher authority such as CQC or the local authority or even the police." A second staff member said, "I would speak to my colleagues and I would speak to my manager then if my manager was not taking it on board there's a thing called whistleblowing." A third staff member told us, "I would speak to the staff about it. If they don't change I raise with the manager. If the manager does not do anything I will whistleblow to CQC and the local authority."

Each person using the service had a missing person's information sheet which briefly detailed the person's physical description, behavioural information, communication needs, actions to take, important professional contacts, next of kin contacts and advised staff how long they should wait before notifying authorities. For example, for one person the information sheet advised staff that authorities must be notified immediately due to their level of need.

People had various risk assessments carried out so that measures could be put in place to keep them safe at home and in the community. Risk assessments in place included mobility, showering, shaving, drinking hot drinks, swallowing and choking, medicines, accessing the community, heatwaves, finance, serious injury, infections and becoming unwell.

One person had a risk assessment for falling during the night. The risk management measures in place stated, "Staff should attend to each [person] on a one to one basis. Staff should not leave [person] on [their] own as [they] may sleep walk. Ensure adequate lighting. Ensure walk ways are free of obstacles. Staff to ensure they observe [person] go back to [their] bedroom and in the bed." This meant the provider had systems in place to mitigate the risk of harm people may face.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, the five-year electrical installation checks were carried out on 4 April 2016, the monthly emergency lighting checks were carried out on 20 July 2018 and the gas safety check was carried out on 9 May 2018. The service had a fire risk assessment in place which was written on 2 August 2017. The fire risk assessment recommended that the front door was set to release when the fire detection system was activated. We observed this issue had been addressed during this inspection. Fire safety equipment had been serviced on 2 January 2018 and the quarterly fire drill was last completed on 28 June 2018 with no issues identified.

New staff had to complete a six-month probation period before being confirmed in post. The provider had a

process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff had undergone criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates to check their continued suitability. This meant a safe recruitment procedure was in place.

Staff told us there were enough staff on duty to meet people's needs. One staff member told us, "Yes, I do think there is. It's fairly busy in the mornings." Another staff member said, "Yes but could have done with extra staff for the transition period [when a new person began to use the service]." Rotas showed there were three staff on duty to support people during the daytime. At night there was one staff member who was awake at night and one staff member who slept on the premises who could be called upon if extra support was needed. The registered manager told us there were four full time care staff vacancies, two of these posts had been recruited to and the new staff were due to start imminently. Rotas showed staff absences were covered by regular agency staff. During the inspection, we observed nobody had to wait too long for assistance and staff had the time to interact with people. This showed there were enough staff on duty to meet people's needs.

Medicines were managed safely. The provider had a comprehensive medicines policy which gave clear guidance to staff about ordering, receiving and storing medicines, administration of medicines and record-keeping. Staff received medicines training after they completed their first three months of employment.

People's medicines were stored in a locked cabinet in their bedroom. Surplus supplies of medicines were stored in locked cabinets in a locked room. Staff used counting trays to check the stock of boxed medicines. Records confirmed the amount of boxed medicines in stock tallied with what was documented on the stock sheet.

Medicine administration record (MAR) sheets had been completed and signed appropriately to indicate people had received their medicines as prescribed. There were guidelines in place for people who required "pro re nata" medicines which had been countersigned by the GP. PRN medicines are those used as and when needed for specific situations. We found PRN medicines had been administered and signed for as prescribed.

People were protected from the risk of the spread of infection. The provider had an infection control policy which gave clear guidance to staff on how to prevent the spread of infection. Staff had received training about infection control. The service had handwashing facilities which included soap and paper towels. Staff confirmed they had sufficient personal protection equipment (gloves and aprons) to carry out their role. One staff member told us staff had the authority to order more if stocks ran low.

A record of accidents and incidents was kept at the service and these were used to improve the service. The registered manager gave an example of where there was a change in the presentation and behaviour of one person using the service where they made vocalisations which they had not previously done. Staff and the GP assumed the person was going through different behavioural cycles. However, the registered manager was not convinced, and the person was taken to hospital where it was discovered there was a physical problem. The outcome of this scenario was the procedure was changed, so that every time there was a change in a person's behaviour or the way they presented, this would now be checked out medically.

Is the service effective?

Our findings

People had their care needs assessed before they began to use the service. Assessments were detailed and included care needs around personal care, health care and social needs. Each person had a one-page profile containing information about what people liked about the person and what was important for and to them. For example, one person's care record stated what was important for them, "I like to be supported by staff who know me. To communicate to me at a level of my understanding. Using clear short sentences. To continue prompting me to maintain some level of independence with my daily life skills." The care record for this person stated what was important to them, "My [relative] visiting me whenever possible. I like to be noticed although I may not show much interest."

Staff confirmed they had regular opportunities for training and found the training useful. Training records showed staff had received safety related training including health and safety, first aid, moving and handling and fire safety. Staff also received training relevant to the people they worked with including awareness of swallowing difficulties, positive behaviour support, dementia awareness, epilepsy, and catheter care. The training matrix showed when staff were due to take refresher training.

New staff had an induction when they first began to work at the service. The induction included a general introduction to the organisation and to the service, mandatory subjects, such as, safeguarding and health and safety topics and two weeks shadowing more experienced staff. New staff were expected to complete the Care Certificate over a 12-week timescale. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. This meant people were supported by suitably qualified staff.

Staff told us they were supported with regular supervision meetings. One staff member told us, "Yes, can discuss any issues you've got if you've got any, what I'm doing right." Another staff member said, "Yes. I do [find them useful] cos then you can voice your opinion." A third staff member told us, "Yes. Very [useful]. If you have any concerns you can speak to your manager." Topics discussed in supervision meetings included staff issues, menus, training, health and safety and handovers.

Records showed staff also received annual appraisals which included discussions about what had gone well for the staff member over the past year, what aspects of the job had been more difficult, learning and development and goals for the staff member to work towards over the next twelve months.

Staff were knowledgeable about people's dietary requirements. Care plans included eating guidelines including recommendations from the speech and language therapist or dietitian. For example, for one person it was recommended their food was fork mashable and they should use an adapted cup with a spout or a cup with a straw and a plate guide. This person had pictorial mealtime information guidelines which showed the signs of choking for staff to be aware of.

The menu contained a variety of nutritious foods and choices for breakfast and lunch. People were able to choose an alternative for dinner, for example, one person often chose to have a curry instead. A relative told

us, "They seem to be fed pretty good.

Kitchen cupboards were well stocked with a variety of nutritious foods. One person had their own cupboard stocked with healthy snacks because they were on a weight management programme and they were able to help themselves to these when they wished. Fridge and freezer temperatures were checked daily and records showed these were within the correct range. Opened food were labelled with the date of opening.

People's change in needs was communicated to other staff within the service. Staff described how updates and important information was given to them. Responses included, "It's handed over verbally and it's documented", "Verbally and in the handover book" and "Handovers are very informative."

Staff described how they supported people to maintain their health. One staff member told us, "[People] have regular check-ups with the GP, dentist, chiropodist and massage." Another staff member said, "Keep them healthy, take them to the GP if there is concerns. Make sure they eat healthy and the environment is clean for them."

People had a hospital passport which detailed their important information and would go with them if they were admitted to hospital. Care records showed people had regular health checks with the GP including blood pressure checks, and with the dentist and optician. Professional appointments were documented including the reason for the appointment and the outcome. People's weight was recorded monthly to ensure appropriate action could be taken if there was an increase or decrease in someone's weight.

The service was delivered in a purpose built single storey building. At the time of the inspection, the premises were in the process of being redecorated and there was a plan for the kitchen to be replaced. Following the inspection, the registered manager sent us the risk assessment that was completed to ensure risks which the people using the service may face during the redecoration were mitigated.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection four people had legally authorised DoLS and two people were awaiting a decision because they required a level of supervision that may amount to their liberty being deprived. Care records showed assessments and decision-making processes had been followed correctly.

Records showed staff received training in the MCA. Staff demonstrated an understanding about MCA and DoLS. One staff member told us, "The mental capacity act is about having capacity or lack of [capacity]." Another staff member explained the best interest decision making process and said, "They have a learning disability so it's down to us and the family to come up with a decision when they are not able to make their own decisions. It [the decision] has to be safe for them."

Staff understood when they needed to obtain consent before delivering care. One staff member told us, "I would say all the time. Would you like this to eat? Would you like more time?" Another staff member said, "You ask them if they want to go out or shopping or would you like to sit in the garden?" A third staff member told us, "Anytime you need to let them know what is going on."

Is the service caring?

Our findings

Relatives told us staff were caring. One relative told us, "One staff member is lovely." Another relative said, "When I go down there, they [staff] are very caring." There was a calm and relaxed atmosphere in the home. People were not rushed and were supported by staff at a pace that suited them.

Staff described how they got to know people's care needs and developed caring relationships with people. One staff member told us, "You look at the support plan. I like talking to them and getting to know them better, their likes and dislikes." Another staff member said, "By reading their support plan, speaking to them, speaking to the managers [and] the staff team." A third staff member told us, "I read their care plans. We get a brief handover from where they've come from [and] their family as well, from the GP. I speak to them [the person using the service]."

The service had a keyworking system which meant each person using the service had a named staff member who had overall responsibility for the care the person received. This included ensuring the care file was in order, planning reviews, organising activities, maintaining contact with families and arranging the person's birthday celebration. The registered manager told us keyworkers were currently working with people on personalising bedrooms.

The registered manager told us there was a support plan review meeting every six months and relatives were invited to attend. Relatives gave positive feedback about communication about the service. One relative told us, "They contact me if there is anything wrong." Another relative said, "If I want to know anything they tell me straight." A third relative told us, "We are kept well informed." The registered manager told us there was a plan to start holding care forums which relatives could attend to make suggestions about the care provided. This meant the provider had systems in place to keep relatives updated on people's wellbeing and care planning.

The provider has an equality and diversity policy which gave clear guidance to staff about providing a fair and equitable service without discrimination. The registered manager told us, "As a team we work with people as individuals depending on their needs and what they want. We have had equality and diversity training. It's about educating the staff and treating [people] as everyone else." Records confirmed staff were up to date with equality and diversity training. A staff member told us, "If they [people using the service] weren't treated fairly and equally, I would lodge a complaint and report it to someone." Another staff member said, "Personally, I would never discriminate and if I did see discrimination, I would report it."

We asked staff how they would support a person who identified as lesbian, gay, bisexual or transgender (LGBT). The registered manager told us, "We meet the person first as an individual not the sexuality. We would support them to attend functions if they wanted. Probably look for LGBT groups in the area, maybe support them to attend. Making sure they have access to people who identify with them. Depends on their likes and dislikes. Speak to the community learning disability team." One staff member said, "You have to treat LGBT [people] as you would want to be treated yourself." Another staff member told us, "Treat them as normal as everyone [else] and their needs. I would not be treating them differently." A third staff member

said, "Of course, I don't treat them differently, but I have to respect what they want." This meant staff were knowledgeable about equality and diversity.

The provider had policies about dignity and confidentiality to give guidance to staff on how to promote people's privacy and dignity. Staff demonstrated they knew how to work within the requirements of these policies. One staff member told us, "I will knock if their door is closed. Curtains closed if you are doing personal care or helping someone get dressed." Another staff member said, "By making sure the doors are closed. Make sure their details are protected." A third staff member told us, "It's about confidentiality and close the door when giving personal care." We observed staff knocked on doors before entering bedrooms or bathrooms. This meant people's privacy and dignity was promoted.

People's independence was promoted and encouraged. One staff member told us, "It's all about choices. What the individual wants to do. You support people rather than doing for them." Another staff member said, "By reading their support plan and of course let them do things themselves." A third staff member told us, "Give them a chance to support themselves where they can."

Is the service responsive?

Our findings

Staff were knowledgeable about delivering personalised care. One staff member told us, "The care is suited to the individual themselves. It all centres around the individual." A second staff member said, "Person-centred care is about choices." A third staff member told us, "The person has to come first, everything has to be around them."

People's care plans were comprehensive, personalised and contained people's preferences. One person's care plans stated their likes included travelling on vehicles, family visits, talking to other people using the service and dancing. This person's dislikes were also detailed including being constantly told to do something and getting up very early in the morning. Care plans included guidelines for staff on how the person would like to be supported. One person's care plan stated, "Staff need to know me or get to know me before supporting me. They need to follow my guidelines and risk assessments and epilepsy protocol when managing my health needs. I like to look smart and showered and clean shaven every day. I always wear a belt and have my shoes on. Nobody touches my toy." People's care plans were reviewed every six months and records showed these were up to date.

The registered manager told us they were aware of the Accessible Information Standard (AIS) and this was incorporated in people's care plans. The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service. Records showed people's accessible communication needs were met.

Each person had a communication passport to inform staff how the person chose to communicate. One person's care plan indicated they used words through short sentences, gestures, facial expression and movement, objects of reference, photos and tone of voice. This person's communication guidelines also stated staff should offer a maximum of three choices at a time and the person would make choices by pushing away what they did not want, reaching out for what they did want, looking at what they wanted and smiling.

A relative told us, "They take [person] out and they try to encourage [person]." Another relative told us their family member did not go out much anymore but this was the person's choice. This relative explained, "[Person] does not like crowds." Records showed a variety of activities were offered to people including outings to the shops, the park, the lake, the pub and a café. Indoor activities included music sessions, arts and crafts, games and writing.

Each person had a social and civic participation care plan. One person's care plan stated, "I am sociable but I can be a bit worried in a big space with a lot of people. Staff need to reassure me to keep calm. Staff to check the times of day that I am supported into the community and ensure that it is not during rush hour or when school is out." This person's care plan stated, "I like going for daytrips. Staff to support me to book daytrips to the seaside during the warm weather."

Relatives told us they would raise concerns with staff but had not needed to do so. The provider had a

complaints policy to give guidance to staff on how to handle complaints. The registered manager told us no complaints had been made since the provider had taken over the service. One staff member told us if somebody wished to make a complaint, "I would inform my manager and there's a complaints book at the door."

The provider kept a record of complaints. One complaint received on 23 May 2018 stated, "To express our sincere thanks for all the care you have shown to [person] during the years that she lived at The Bungalow. [Person] was very happy at the Bungalow and this is testament to the caring and affectionate atmosphere created by all the staff there. You really are a great team."

At the time of the inspection nobody was receiving end of life care. People using the service were younger and not anticipated to require end of life care. The service had an end of life policy which gave clear guidance to staff on how to provide care at the end of a person's life and actions to take when somebody died. People had an end of life care document in their folder which was not yet completed but would be available to complete when the time came.

Is the service well-led?

Our findings

The service had a registered manager who also managed another of the provider's services. The registered manager told us they shared the management of both services with the team leader which meant there was always one of them at each service.

Relatives gave us positive feedback about the management of the service. One relative told us, "So far so good. No complaints." Another relative told us, "I see [registered manager] now and again and she keeps in touch."

Staff spoke positively about the management. Comments included, "The manager is extremely supportive absolutely 100%", "The manager is very helpful. Yes, she is supportive" and "Yes, I do [feel supported]. If there's an issue I can speak to my colleagues or the management."

The registered manager told us, "If we have any issues in the service we discuss them in the team meetings and everyone puts in their opinion and we agree a way forward. We talk about any issues in supervisions. Day to day, my door is always open. I don't ask [staff] to do anything I would not do."

The provider had a system to obtain feedback from people using the service, relatives and professionals. The most recent survey was carried out in June and July 2018. We saw questionnaires completed by four respondents. The survey asked if the service was safe, caring, effective, responsive and well led in line with the areas covered by CQC inspections. At the time of the inspection, the provider was yet to analyse the results from the survey responses. However, the responses we looked at indicated that overall people and relatives were satisfied with the service provided.

People using the service had regular monthly meetings. We reviewed the minutes for the meetings held in April, May and June 2018 and saw topics included activities, the menu and shopping list, maintenance, the weather and diary appointments. The minutes showed that people using the service were kept up to date with what was happening in the service and were encouraged to make choices.

The provider held staff meetings on a monthly basis. Staff confirmed they had regular meetings and found these useful. We reviewed the minutes of the most recent staff meeting and saw topics discussed included each person using the service, keyworking, staff concerns, bank shifts, appraisals, health and safety, training, shopping and cleaning materials.

The provider carried out service quality audits at least twice a year. We reviewed the most recent provider audit carried out on 2 July 2018. Areas that were looked at included a sample of risk assessments, medicines, health and safety, fire strategy, staffing levels, financial management. A recommendation was made as a result of this audit for incident reports to be updated following the completion of actions. The registered manager explained that actions and recommendations made from the provider's audits were put onto a service action plan which she worked through. We reviewed an example of the service action plan and saw the registered manager had indicated the actions that had been taken on the listed tasks and had

indicated when these were complete.

The registered manager completed a quarterly health and safety check. We reviewed the two most recent checks carried out on 13 March and 29 June 2018 and saw no issues were identified. The registered manager carried out monthly medicine audits. We reviewed the most recent medicine audit for 23 July 2018 and saw no issues were identified. This meant the provider has systems in place to check the quality of care provided and to identify areas for improvement.

The registered manager told us a care provider forum was held every six months. The registered manager told us they attended the most recent forum where the topics discussed included risk management and safeguarding. This meant the provider was able to hear about and share examples of good care practice.