Outlook Care

Outlook Care - Summit Road

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

Overall summary

Outlook Care - Summit Road is a fully accessible residential care home for people with a learning disability and complex needs. At the time of inspection there were six people using the service which is the maximum number of people the service can accommodate. There was a registered manager at the service. 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.

We found safe recruitment checks were in place for new staff. Criminal records update checks had not been completed for all staff to ensure they remained safe to work with people. However, the provider told us they were in the process of obtaining these updates. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Risk assessments were carried out and management plans put in place to enable people to receive safe care. There were effective systems

Summary of findings

in place to check and maintain the safety and suitability of the premises and these were up-to-date. Medicines were managed and administrated in a safe way in accordance with the systems in place.

The provider had a system of supervision and appraisals for staff to ensure good quality care was consistently provided. Staff had opportunities for training and skill development. The registered manager was knowledgeable about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People had mental capacity assessments and best interest decisions as part of their care plan so that staff were working within legislation requirements.

People's representatives told us staff were caring. Staff were knowledgeable about promoting people's privacy and dignity and worked with people in a caring manner. People were encouraged to maintain their levels of independence.

Care was provided in a personalised way and staff were aware of what people's preferences were. There were a range of activities on offer for people to take part in. People's representatives knew how to raise concerns or make a complaint and these were responded to within the timescales set in the provider's policy.

The provider had systems to monitor the quality of the service provided and had several forums for staff or family members to attend to help them find ways to improve. Staff attended regular team meetings to receive updates on the service and to ensure consistent good quality care was provided to people.

Summary of findings

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 because recruitment checks were carried out for new staff. However we found that criminal activity checks had not been recently updated for some staff. There were enough staff working to ensure people were kept safe.

Staff were knowledgeable about the safeguarding and whistleblowing procedures and knew how to report a concern. People had risk assessments carried out so staff were aware of how to manage the risks.

The premises were safe and had the necessary safety checks carried out. The provider had effective arrangements in place for the management of medicines.

Is the service effective?

Good

The service was effective because people received care from staff that were skilled and trained in appropriate subjects to deliver safe care. Staff received regular supervisions and appraisals and said they felt supported by the registered manager.

The registered manager was knowledgeable about mental capacity and deprivation of liberty and was working with the local authority to get deprivation of liberty authorisations in place for people. Staff knew how to get consent before delivering care and people had mental capacity assessments.

People were given a varied and nutritious diet and fluids to protect them from the risks of dehydration and inadequate nutrition. The service worked with health professionals as needed to enable people to maintain good health.

Is the service caring?

Good

The service was caring. There was a calm, relaxed atmosphere in the home. Staff had developed good positive relationships with people and had a good understanding of the needs.

Staff spent time talking to people when assisting them with care tasks and people were seen to enjoy this one to one time.

People were encouraged to maintain independence when they were able. Staff knew how to respect people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People received personalised care. Care plans were written in a person-centred way. Staff knew how to deliver care in a personalised way.

There were a variety of activities on offer including day trips out. Staff used different communication methods to understand whether people liked the activities they were doing.

Family members knew how to raise concerns or make a complaint. There was an easy read version of the complaints form available for people. Complaints were responded to according to the timescales laid out in the complaints policy.

Summary of findings

Is the service well-led?

Good

The service was well led and there was a registered manager in post. Family members and staff thought the registered manager was a good leader and they felt comfortable approaching them with ideas or concerns.

Quality assurance systems were in place to help the service to identify areas for improvement. Action plans were drawn up and responded to when areas for improvement were identified. The provider held various forums to help them improve the service they provided. Staff meetings were held regularly and were used to discuss policy changes and the people's well-being.

Outlook Care - Summit Road

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.

At the last inspection on 15 August 2013 the service was meeting the legal requirements. This inspection took place on 22 and 30 September 2015 and was unannounced. One inspector and an expert-by-experience carried out this inspection on the first inspection day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had experience of caring for someone with a learning disability. Two inspectors carried out this inspection on the second inspection day.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed the previous inspection report and notifications the provider has sent us since the last inspection.

During our inspection, we spoke to the manager, four staff, three family members, a visiting friend, a visiting community worker, a dietician and a district nurse. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We reviewed six care records, ten staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

The service had a recruitment and selection policy. We looked at staff files and saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. These include appropriate written references, proof of identity and the right to work in the UK. The records for these checks were stored at the head office but we saw members of staff had a staff profile on their files which summarised these checks which were held at the service.

Although criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people, we found that some staff who had been working at the service for a number of years had not had these checks updated within the last three years. Staff records showed that one staff member's criminal records check had not been updated since 2004, one staff member's check had not been updated since 2008 and three other staff member's checks were not updated since 2009. The registered manager told us the provider was in the process of updating this for all staff using a phased process. We recommend the provider prioritises obtaining criminal activity updates for those staff who have been working the longest.

There were enough staff on duty. At the time of this inspection, the service had three staff on duty on both the early and late shift and at night there was one member of staff who stayed awake and one member of staff who slept on the premises. The provider had a bank of staff who worked at the service as and when required and the registered manager told us they used bank staff who knew people at the service well.

Visiting representatives (family members, friend and professionals) told us people were "Very much safe", in the service. One family member told us their relative "Could not be safer because staff are vigilant and checks are done on them during the night. We've got peace of mind."

People were protected from abuse. The staff training matrix showed staff were up-to-date with their training in safeguarding adults and whistleblowing. The service had a comprehensive safeguarding and whistleblowing policy which gave clear guidance to staff about how to recognise abuse, the action they should take if abuse is suspected and what whistleblowing is. There was a short version of this policy, "Vulnerable Adult, Say "No" to abuse" with telephone numbers for people using the service to know who to contact if they were being abused and this was situated near the front door.

Staff were knowledgeable about how to report safeguarding concerns and how to whistleblow. For example, one member of staff told us, "When you see abuse, stop the person and report to the manager", and when asked about whistleblowing, they said, "[Whistleblowing is] when you see something is not right and you make other people aware, you can inform your manager, or go higher to the police, CQC or the social worker."

People had risk assessments to assess their safety within the home and for activities carried out in the community. Risk assessments included fire risks, scalding, moving and handling, dehydration, use of bed rails, pressure wounds, weight management, epilepsy and risk of choking and were reviewed six monthly. We saw risk assessments identified the level of risk and ways to minimise the risk. One staff member explained the risk assessments were important because the people using the service "Can't do much for themselves so the risk is sometimes higher because they are totally dependent on us." We saw that risk assessments were also carried out for staff to ensure the tasks they were expected to carry out were done in a safe way. These had been reviewed in July 2015.

The premises were safe. We saw the building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, we saw that the portable appliance testing was carried out on 18 April 2015, the lift was serviced on 21 April 2015 and electrical safety checks had been carried out on 29 June 2015. Emergency fire equipment was checked in March 2015 and we saw records showing fire drills were done quarterly with the most recent one carried out on 16 September 2015. The service had a dedicated housing worker who visited the premises regularly to check on any maintenance work that needed to be completed.

Medicines were managed safely. The provider had a medicines policy which covered the process of supply and storage of medicines, compliance and consent, administration and record-keeping and self-administration. The policy was comprehensive and clear. We saw there was an audit system in place to check medicines were

Good

Is the service safe?

administered as prescribed and the most recent check on 13 September 2015 identified no issues. We checked the training matrix and found all staff had received training in medicine administration.

We found people's medicines were kept in a locked cabinet in people's own bedroom. Medicines were in date, clearly labelled and accounted for. We checked three people's medicines and found all blister packs dispensed correctly.

The medicines administration record (MAR) sheet had been completed and signed appropriately. We saw there were guidelines in place for people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. We found PRN medicines had been administered and signed for as prescribed. Medicines were stored safely and were safely administered.

Good

Is the service effective?

Our findings

Staff told us they received supervisions regularly as they required it and they felt supported to carry out their role. We reviewed the records and saw this was the case. The registered manager told us they were always available to give staff supervision if they requested it or to discuss issues over the phone. Staff confirmed this was the case and said the registered manager was open to their opinions and listened to their ideas.

We reviewed the staff training records and saw staff were up-to-date in the main areas of care. For example, staff had received training in medicines, health and safety, first aid and epilepsy. Staff felt they received appropriate training opportunities to enable them to meet people's needs. During the inspection a district nurse and a dietician arrived to train two members of staff in managing a person's peg feed.

Staff had completed the Skills for Care Common Induction Standards and the registered manager told us the provider was transferring over to the new Care Certificate. The Common Induction Standards and the Care Certificate are training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. New staff shadowed experienced staff on shift for two weeks before working alone and were buddied up with an experienced member of staff for support and guidance.

Records showed that staff had regular annual appraisals and topics discussed included what has gone well and what has been challenging in the last twelve months, learning and development needs, aspiration for the future and goals for the next twelve months.

The registered manager demonstrated they understood the Mental Capacity Act 2005 (MCA), associated codes of practice and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. The registered manager understood the importance of identifying people whose liberty was deprived. At the time of this inspection the registered manager was working with the local authority to put DoLS in place for everybody using the service because none of them were free to leave the premises without staff support.

One member of staff explained that they were able to understand if people liked something or not by "watching facial expressions and body action." Each person had mental capacity forms and best interests decisions completed on their care files so staff were clear whether or not they had the capacity to consent to each aspect of their care.

We saw people enjoyed eating the food they were offered. A family member said the food "always looks quite nice." We reviewed the menus which were varied, nutritious and offered choices. Staff told us that due to the level of people's learning disability they were not able to help plan the menu. One staff member said, "If we cook, and they don't like we offer something else." We observed people being assisted with their food. Staff were very careful to monitor people while they were eating, reminding them to chew their food, not to put too much in their mouths and to slow down. They also ensured that people with diabetes received meals at regular intervals.

The kitchen was stocked with a wide choice of food, including fresh fruit and vegetables. We saw herbal teas and sugar free cordial drink was available for people to drink. Food temperatures were recorded on the menus and showed food was served to people at safe temperatures.

People had health action plans on their care files so staff knew how to manage their healthcare needs and which health professionals were involved. Records showed that people were able to access health professionals when they needed to. A visiting district nurse and dietician told us staff worked well with them and they had no issues or concerns.

Good

Is the service caring?

Our findings

We found the service was caring. Family members and the visiting friend spoke positively about the care people received and said, “Definitely [caring], a big yes, they do an excellent job”, and “Outstanding.” The visiting friend spoke about how well staff knew the person and that there was a good rapport between them.

Staff were well informed about people’s care needs including their likes, dislikes and preferences. One member of staff said they got to know people’s care needs because, “I’ve known a lot of the residents since their twenties at another house.” The service had a “keyworker” system. A keyworker is a staff member who is responsible for overseeing the care a person received, assisting the person to buy personal items, helping with care planning and making health appointments.

Staff described and we observed how they supported people to make choices. A member of staff explained staff were able to understand if a person liked something by watching their facial expressions and body language. This was demonstrated when staff asked if a person wanted to sit in the garden and it was clear when they pushed their own wheelchair towards the garden door that they liked this option. Another staff member said, “Sometimes you put yourself into their shoes and think about [what you would want]” and then described how they supported one person to visit a place of worship and another person to attend ethnic festivals.

We observed staff speaking to people in a calm, relaxed and caring manner. Staff spent time talking to people while supporting them. A family member telephoned the home to ask about the welfare of their relative and staff handed the telephone to the person so they could listen to their family member. The service employed a housekeeper and we observed this member of staff also spent time talking to people and offering to make them drinks.

The provider had a policy on supporting people which included a section on dignity and respect. This gave guidance and a checklist for staff to follow with reference to promoting privacy. Family members and the visiting friend agreed that staff respected people’s dignity and privacy. Staff described how they ensured they did this. One staff member said when they supported people to have personal care they made sure they wore their bathrobe and to prevent them being accidentally exposed they placed a towel across their legs.

People were encouraged to maintain their level of independence. One staff member told us, “If they can do something, you let them do it and if they need help, then you support them.” We observed that one person was able to take their dinner plate into the kitchen and was encouraged to do this by staff each time they finished a meal.

Good

Is the service responsive?

Our findings

People's representatives told us people were able to do the things they wanted to. For example, people were taken for walks to the local shops and park and were able to relax in the home's garden. A local outreach service took individuals out for day trips according to their preferences. We reviewed the activities programme and saw it included seasonal trips out, for example, trips to see the Christmas lights, in-house entertainment, visiting musicians, and parties. Staff and the registered manager explained to us that it was not possible to take people on holiday due to their complex needs but instead the service arranged various day trips throughout the year. We saw that some people followed their interests outside the home, for example, attending church or the "biscuit" [social] club.

During this inspection we reviewed people's care files and found they were comprehensive. Support plans included what needed to be done to assist the person and how to achieve this. We saw care plans were written in a person-centred way and were pictorial to help people to understand them. Care plans included a one page profile so that staff would know at a glance what was important to the person.

A staff member told us providing personalised care was to "Provide personal care in a way they would like to have and according to their need and not my choice. Tailor the services according to what they want." On the first day of inspection we observed one person constantly asking for a balloon because they had attended a party at one of the provider's other services where there were lots of balloons. This person was assisted to go to the local shops in order to buy a balloon but had chosen to buy something else instead.

People's representatives told us they were more than happy to approach any staff member with any issues and felt they would be listened to and their concerns would be understood. One family member stated staff and the manager listened to them when they expressed concerns. This family member said that on one occasion they had expressed concerns and the registered manager had raised this as a safeguarding concern which was resolved satisfactorily.

Staff told us that if somebody approached them with a complaint they would "listen and take it on board and inform the manager." We saw there had been two compliments and two complaints made since the last inspection. The compliments were made about how well matters were dealt with regarding their relative and how well staff worked. The complaints were acknowledged and responded to within the policy timescales and the complainants were satisfied with the resolution.

The service had a comprehensive policy which gave guidance to staff on how to respond when somebody wished to make a complaint, compliment or comment. We saw there was an easy read pictorial version of the complaints form which was called "We're Listening". This was aimed at making the process of lodging a complaint easier for people using the service. There was also a "We're Listening" poster displayed in the communal hallway near the front door.

Good

Is the service well-led?

Our findings

We found the service was well led. There was a registered manager in post at the time of inspection. Family members and people's representatives told us the registered manager was approachable. One family member told us they were kept well informed through email, by the manager and staff about events at the home and in the local area. Another family member said, "I think [registered manager] is efficient and runs a tight ship" and this helped them feel confident their relative received good care.

A visiting friend said the manager was "quite up-beat and had organised a lot for their friend" which meant this person received a good standard of care. Staff told us the manger was approachable and they felt comfortable discussing the service with them. For example, one staff member said the manager was "Quite helpful and listens." Another staff member said about the manager, "I like [them] very much; I think they are a good manager, understanding, sorts things out."

The registered manager told us they had an open door policy to encourage people, visitors and professionals to feel they could approach them at any time. During the second inspection day we saw the manager joined the front line staff in assisting people with their care tasks. People seemed at ease with the registered manager supporting them and appeared to enjoy the conversations.

The registered manager held regular staff meetings which took the format of group supervisions. We reviewed the record of the most recent meetings held on 1 July 2015 and 3 August 2015 and saw these were used to discuss policy changes across the organisation and topics discussed included issues arising for people using the service.

We saw the analysis of the 2014 feedback surveys and noted the provider combined the results of this for all of their services. We also noted that the people using the service at Outlook Care - Summit Road did not have the ability or capacity to express their views on the quality of the service they received. The registered manager explained one of the outcomes of the survey was the provider set up five committees to empower people using the services and the registered manager took the lead on the communication group which was looking at how the provider communicated. The other committees included the local carer forum and the service user forum.

Family members confirmed and we saw that the provider held a quarterly carers forum to obtain feedback on the quality of the service and to share information with people's representatives. The forum took place at different locations to enable different family carers to be able to attend.

The provider carried out an internal check of the building each year and the most recent one was done on 28 February 2015 which showed the carbon monoxide levels needed to be checked. We saw this had been done and recorded. The provider carried out an annual premises health and safety check carried out on 5 March 2015 which identified that lights were needed for the outside of the building to increase levels of safety and showed there were no other areas for concern. The outside lighting was ordered and the allocated housing person visited the premises during our inspection to arrange the fitting of the new lights.

The registered manager carried out monthly checks on the first aid equipment and these were up-to-date. Quarterly health and safety checks were also up-to-date with no issues identified. The registered manager showed us the action plan that was drawn up following the local authority contract monitoring visit in November 2014. We saw there were eight areas identified which were all in place and were being continuously checked. For example, it was identified that all mental capacity assessment and best interest forms should be completed fully. We saw from care files that this was being done on an on-going basis.