Outlook Care

Outlook Care - Neave Crescent

Inspection report

74 Neave Crescent
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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?	Requires improvement
Is the service well-led?	Good

Overall summary

We inspected 74 Neave Crescent on 22 October 2015. This was an unannounced inspection.

74 Neave Crescent is a registered care home providing accommodation for up to 10 people with learning disabilities who require personal care. There are six beds in a residential unit and four beds in a separate respite unit. Respite care is for people who usually receive care in their own home but may stay in the service for a short period to give their full time family carers some leave. At the time of the inspection eight people were using the service. During our last inspection on 25th February 2014, we found that the service was compliant with all regulations we checked.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

manage the service. Like registered care homes, 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 that 74 Neave Crescent provided personalised care and people were encouraged to be independent. There was a caring culture within the service and staff knew people well. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. The support plans included risk assessments on how to keep people safe. The care plans contained one page profiles of each person but these were not signed by the person or a family member because the service had not asked them to, however the registered manager outlined his plans to address this. There was involvement from family members in the planning of their care.

Staff received regular one to one supervision and undertook regular training. People were supported and gave consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to eat and drink sufficient amounts and had choice over what they ate. They were supported to access healthcare professionals. Their finances were managed and audited regularly by staff and the registered manager. People were given their prescribed medicines safely and were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff had good relationships with the people and the atmosphere was happy and relaxed. We observed interactions between staff and people and saw staff were caring and respectful. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

People were supported to go out into the community. We have made a recommendation about supporting people with communication difficulties to express their choices. People using the service pursued their own individual activities and interests, with the support of staff if required. People and their relatives felt comfortable about sharing their views and talking to the registered manager if they had any concerns. The registered manager demonstrated a very good understanding of their role and responsibilities, and staff told us the registered manager was always very supportive. There were robust systems in place to routinely monitor the safety and quality of the service provided. There was a clear management structure in the service.

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. People were safe. Risk assessments were in place to protect people against known risks. There was a safeguarding procedure and staff were trained and knew how to identify abuse and the correct procedure to follow to report abuse.

There was a whistleblowing procedure and staff knew how to report concerns about practice within the service.

Recruitment procedures were in place to ensure staff were fit to undertake their roles. There were sufficient numbers of staff available to meet people's needs.

There were suitable arrangements for the management of medicines.

Is the service effective?

Good

The service was effective. There were suitable arrangements to meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding. Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

Staff had received the relevant training to ensure they had the skills and knowledge to care for people. Supervision was carried out in line with the service's supervision policy.

People told us they enjoyed the food and drink at the service and were offered choices.

Is the service caring?

Good

The service was caring. We observed caring and positive relationships between staff and people. People's relatives confirmed that staff were caring and treated their family members with respect and dignity.

People and relatives were involved in the planning of their care and reviews were undertaken regularly. Staff had good knowledge and understanding of people's background and preferences.

Is the service responsive?

Requires improvement

Some aspects of the service were not always responsive.

Care plans were person centred and took into account peoples choices and preferences. Details of people's background and personal information were recorded on the care plans.

Summary of findings

People participated in activities such as going to the farm or trips to the seaside but there was little for people to do during colder days. However, we have made a recommendation that people with communication difficulties are supported to express their choices about activities.

People and relatives knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Good

The service was well-led. People and staff told us that the registered manager was very supportive and showed good leadership.

There were appropriate systems to monitor the service and make any required changes. Regular audits were undertaken by the registered manager and by a senior manager.

The service sought feedback from people and staff through meetings and surveys.

The registered manager promoted an open and transparent culture within the service.

Outlook Care - Neave Crescent

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 took place on 22 October 2015 and was unannounced. 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.

Before our visit the service we checked the information that we held about the service which included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the service and the local Healthwatch. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we observed how the staff interacted with people. We also looked at how people were supported during our inspection which included viewing bedrooms of people with their permission. We spoke with five people but because they had speech and language disabilities, we were not able to speak with them for very long. We also spoke with six relatives to gather their views on the service and how well the service cared for their loved ones. We spoke with the staff including the registered manager, the deputy manager and three support workers. We also spoke with an aromatherapist who visited the service once a fortnight. We looked at six care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, accidents and incidents, training information, safeguarding information and policies and procedures for the service.

Good

Is the service safe?

Our findings

People told us that the service was safe and that they liked the service and felt comfortable. One person told us, "I like it here, yes" and another person said "I do, I like it". One relative told us that "I have no worries, the service is excellent and the staff check each other's work. They have fitted the hoist exactly as it should be." Another relative said, "It's safe it's a very good service" and another said "I'm glad where she is now. I think she is in the right place".

Staff were able to explain the procedure they would follow to safeguard people from abuse. Staff were aware of different types of abuse and told us they would report it and document it. A support worker and the deputy manager described the actions they would take if serious incidents occurred, such as abuse of a person living there, which included reporting to the local authority and the CQC. There was a recent safeguarding alert raised for a person in respite care whose behaviour challenged the service. The registered manager took the necessary steps to ensure people's safety.

Staff had an understanding of the service's whistleblowing policy and told us that they would report concerns about practice to external organisations, including the CQC so that the service could be monitored effectively. This meant that the staff knew how to report whistleblowing appropriately so that poor practice could be addressed.

The staff supported people with their finances. Four people's finances were managed by deputies appointed by the Court of Protection and one person's finances were managed by their mother. Another person was supported to manage her own finances. The service held money on behalf of all people, securely. We saw that monies were counted during the day when there was a handover of staff and was signed by two staff to confirm that the amounts were correct.

Care and support was planned and delivered in a way that ensured people were safe. The care plans had risk assessments which identified any risk associated with people's care. This meant that risks were minimised and continuously monitored. There was guidance for staff so that they were able to manage risks. For example we saw that the plans stated that "staff must follow guidelines to keep the person safe" and that there must be two members of staff to provide personal care such as showering, hoisting and transferring someone.

During our inspection we saw that one person had a hospital appointment in the morning. She later returned in the afternoon. We looked at their care plan and saw that information was written down informing staff about the outcome of their visit and that if she was in pain to give her paracetamol and not aspirin. The same information was shared during the handover from the morning shift to the afternoon shift. This showed that staff were consistent in the information they shared with colleagues so that people were looked after safely.

The service was clean, tidy and clear of any obstructions which would breach health and safety regulations. There was a cupboard for COSHH (Control of Substances Hazardous to Health) materials and fire regulations were displayed in the kitchen. The fridge in the kitchen contained jars of food that were labelled with the date they were opened so that staff would know when food needed to be disposed of, before it became unsafe to eat. We also saw that fridge and freezer temperature checks were carried out to ensure that food was kept fresh.

The registered manager ensured that all equipment was maintained and serviced. We saw that a regular programme of safety checks was carried out. For example we saw that there were recent records of gas and electric safety tests and certificates. There was a fire risk assessment completed by the registered manager and also records of quarterly fire drills which recorded how well staff and people responded. This showed that the provider ensured a safe environment.

There were effective recruitment processes in place. We looked at staff recruitment files and saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were suitable people to be working with people who use the service. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who used the service. This demonstrated that there was a system in place to ensure that staff were only employed if they were qualified and safe to work with people who lived in the service.

Good

Is the service safe?

The service had arrangements to protect people against the risks associated with the unsafe management of medicines. Staff told us that the registered manager had a "very robust system" for obtaining, recording, administering and disposing of medicines. We saw that medicines were stored in a secure cabinet in people's rooms in clearly labelled and colour coded blister packs. We observed a staff member asking for consent and providing medicines safely to one person after their meal and recording it on the Medicine Administration Record (MAR) sheet. A staff member told us, "When we are giving someone their medicine, we don't talk or interrupt, so we don't make a mistake." Records of when medicines were received, given to people and disposed of were checked for accuracy as part of the registered manager's quality and safety checks. Medicines were also checked and counted during a shift handover. This showed that staff understood the importance of accurate recording and safe handling of medication. Some people could only take liquid medicines either with a syringe or with a spoon. We saw that many people required a thickener in their food or drink because "they had difficulty swallowing". When we checked the records of all medicines, we saw that thickener was also listed for additional information. The records were up to date and demonstrated that people were receiving their medicines on time as prescribed by their GP. Unused or out of date medicines were returned to the pharmacy that supplied the service with people's medicines. Medicines were also audited by the pharmacy every year and this helped to ensure people received the right medicine and records were correct.

Good

Is the service effective?

Our findings

We spoke with relatives as many of the people who lived in the service had disabilities which affected their speech and understanding. Relatives told us that they felt the staff performed their job well and one person said, “I think very highly of them. If I was an employer I’d be more than happy to employ them.”

We found that staff were knowledgeable about people’s individual care and support needs. We saw that staff had received training that was relevant to their role and in a number of other key areas. Staff had received training in medication handling, health and safety, manual handling, safeguarding adults, food hygiene and fire safety. We saw a training matrix which detailed the dates of the training for the past two years and further training opportunities. Staff were also able to access training that helped them to manage risk, for example, how to deal with behaviour that challenged the service and put other people at risk. New staff received an induction upon starting work at the service along with mandatory training topics. We checked through records and saw that new staff were supported in their role and had opportunities to shadow more experienced staff which meant that staff had the opportunity to learn and gain experience.

Staff told us that they received regular supervision, usually once a month. During supervision, staff were able to discuss anything that was concerning them and any professional development needs or opportunities. They talked about the needs of the people and topics such as health and safety and plans for activities.

The provider had appropriate arrangements in place in order to obtain consent and assess people’s capacity to make decisions for themselves. Staff received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood when they should be applied. The principles of the MCA are to protect people through the use of legislation who need important decisions made on their behalf. Deprivation of Liberty Safeguards are part of the MCA and aim to make sure that people who are being looked after, are not restricted in their freedom. The registered manager told us that two people in the residential unit and four people in the respite unit were subject to DoLS. We looked at their records and saw that applications had been sent to the appropriate supervisory body (the local authority) in line with guidance, so that the DoLS could be renewed. The provider would send a notification to the CQC once they had been authorised to assure us that people would lawfully be deprived of their liberty.

We observed staff asking for consent from people when supporting them with their daily living, for example when giving medicine or serving them lunch. People signed consent forms for their care and it was filed in their care plan. However, each person’s personal profile was not signed by them to indicate their agreement with the contents. We spoke with the registered manager about this and they assured us they had a process in place to ensure each one was signed.

People that we were able to speak with us told us they liked the food. We spoke to relatives of people living in the residential unit and one relative said, “The food is good. They get variety and we often say how nice it smells and get samples! He gets choices within his capability. They know what he likes." Relatives of people staying temporarily in the respite service were less sure but one relative said, "I don't know what they have to eat but he never complains. I’m sure he would if it was a really bad meal." Another relative said, “She seems happy with the food.”

People were involved in the planning of menus and were supported to eat nutritious food and fresh fruit and vegetables. We saw that some people had a very specific diet, for example, food that needed to be pureed and it was reflected in their care plan. A staff member told us, “We sit them around the table on a Saturday to choose the menu." We saw that menus were discussed in resident meetings. People’s dietary intake, weight and health were recorded on a regular basis. This showed that people were supported with nutrition and hydration.

When we looked at the menu for meal times, we saw it was in a written format inside a folder sitting on the kitchen worktop and not on display. However, it showed that there was a variety of food and meals available during the week.

People had access to health care professionals such as GPs and district nurses and the care plans had their contact details. People were also referred to speech and language therapy specialists for people with learning disabilities. There were records of appointments and their outcomes.

Good

Is the service effective?

People were accompanied by staff or family members when attending appointments. This demonstrated that staff monitored people's health and care needs and made referrals to appropriate health professionals.

Good

Is the service caring?

Our findings

People and relatives said that the staff were caring and that they were happy with the level of care and support they received. One person told us, “I like the deputy manager and another member of staff.” A relative said, "I know they are extremely caring. When [my relative] was in hospital there was always a member of staff visiting who came in their own time.” Other relatives told us, “They get on well with people who come for respite” and “They give people personal attention”.

Relatives were involved in the planning of their loved one’s care and one said, “If we have concerns we raise it.” Care plans contained evidence that people, or those who acted on their behalf, had been involved in writing them. We observed staff interacting with people and saw that they were caring, polite and respectful. We saw that they addressed them appropriately and that there was positive interaction. Staff understood people’s needs and treated them with dignity. Staff treated people as individuals, respected their human rights and allowed them to make decisions.

We spoke with staff about how well they knew the people living there and they told us how they communicated with them in order to understand their needs and preferences. One staff member said they used “pictures and colours”. Another staff member told us that when one person put their hat on, they wanted to go out for a cigarette. Another person liked music so a staff member would “join her in singing her favourite songs”. One member of staff had known a person for ten years and said “You get to know his change of mood. If he doesn’t like the food he will shut his mouth and wave his arm around”.

However, there had been a number of staff changes recently. This meant that some people and their relatives were not familiar with all of the staff. The registered manager told us that they were in the process of recruiting more permanent staff to ensure positive relationships were encouraged between staff and people and their relatives. During our inspection we spoke with permanent staff and agency staff and they all said they were happy working in the service.

A relative told us about an occasion when they visited and staff did not remember that it was their loved one’s birthday. Staff were “very upset about not remembering”. We spoke to the registered manager about this and they said it was the first time that they had missed a person’s birthday. The staff went out to buy a card, cake and presents and they celebrated their birthday with everyone in the service later that day. The registered manager said, “We had new staff and it was an administrative mistake and we will learn from it. Birthdays are very important to us.”

The provider had policies and procedures in place to tackle discrimination and there were good practice guidelines for staff with regards to respecting people’s rights and beliefs. We saw that people’s bedroom doors were open during the inspection but staff knocked on doors before entering. Relatives told us that staff closed the door when providing personal care such as when supporting someone to change. One relative said, “When we get there, he might be getting changed. They close the door. He is always lovely and clean.” The deputy manager confirmed that “All staff are aware of confidentiality and privacy.” We saw that staff assisted people to be as independent as possible and people were encouraged and supported to do chores, for example, washing and drying laundry. Where they required help such as with eating or drinking, staff would prompt them or help them if they were not able to. We observed people eating without staff support and another person collecting items from the kitchen.

An advocacy service was available for people if they needed to be supported with this type of service. Information about how to access the service was available to people and was also displayed on the notice board. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People also had families advocate on their behalf. Yearly reviews of care took place within the service and relatives were consulted. Relatives confirmed that a review took place which meant that they were involved in aspects of their care planning.

People were supported to follow their religious beliefs. One person received Holy Communion once a month and another was regularly visited by a member of a church. This was recorded in people’s personalised care plans along with their personal preferences about how they liked to be treated and cared for. This meant that people were respected and cared for in a way that ensured they were treated with dignity.

Requires improvement

Is the service responsive?

Our findings

Relatives told us that staff responded to the needs of their loved ones, people had choice and there were many activities for people to do. One relative told us staff compiled a log for her loved one's activities and support him to the hydrotherapy pool. They told us, "Staff like going in with him. They do their utmost to make his life as beneficial to him as possible." Another relative told us that the staff took their relative to the coast in Southampton and said, "They had fish and chips. Another time they took her to Burton on Trent".

An activities board was on display in the corridor next to the kitchen and dining room. It was bright and colourful and contained pictures of each person with their activities for the week. It included such activities as gardening, family visits, aromatherapy, reflexology, arts and crafts, going for walks, playing bingo or puzzles and visiting places of worship. There was an activity called Music Mix which was a form of music therapy which all the people took part in on Mondays or Tuesdays. On the day of the inspection there were in house activities, including aromatherapy for some people. The deputy manager told us, "We go out for meals if it is somebody's birthday. We access local facilities dependent on the weather. We take people to do their personal shopping."

During our inspection we saw that people were engaged in activities throughout the day. We observed a person completing a puzzle in the living room of the respite section the service. Another person was knitting on the sofa. The service had a sensory room which was a darkened room with projections of images and movement on the wall with sounds. Staff told us that it was a relaxation technique that helped people to relax and engage with the images if they wanted some peace and quiet. We asked if it was used often and a staff member told us, "Yes they use it. It is their choice. Our wheelchair users like to come in here." People who were staying in the respite service went to visit a day centre during our visit. We spoke to them when they returned and one person told us that they liked the staff. Staff supported people staying in respite care to undertake activities either in a group or on their own. One person said, "They knock on my door when it is time for my medication. When I want privacy I can stay in my room and use my iPad."

We also spoke to relatives of people in the respite service. A relative told us that the service had access to a van that was sometimes used for day trips. Relatives told us they had "not seen it used very much" and if it was used, it was only for a short period during the day and the "staff would rush back". The registered manager told us, "Not many of my staff are licensed to drive the van. We have also had to reduce costs." There was one relative who felt that the manager "wants to be liked. He always says yes he will do things but it never happens." We asked if this was a continuing problem but the relative said "yes but I don't complain a lot. I hear what they say about the budget cuts and that they can't take her on holiday anymore."

We observed that the television was on for most of the day, even when people were not watching it, and most people did not go out. The garden was easy to access and was very well kept but we did not see many people in the garden who weren't outside to smoke. The deputy manager said they "did a lot of outdoor activities in the summer but not so much in the winter. It gets too cold". However, the service could not demonstrate to us that people had chosen to stay indoors. **We recommend that the service records how people with communication difficulties are supported to make and express choices about the activities they engage in.**

When we looked at the care plans for each person we saw that they were personalised and were written from their point of view. It contained information on what people like and admire about them, what was important to them and how they liked to be supported. Keyworking with each person in the service was done by staff in planned sessions that took place monthly and was used as part of care plan reviews to monitor how well a person was doing. We saw that key work sessions were recorded in the care plans and that people were able to express their views in these sessions on how they would like to be supported. People who were unable to speak were able to have a family member advocate on their behalf. Keywork sessions were an effective way for people to communicate how they would like their needs, preferences and choices for care treatment and support to be met. Keyworking played an important part in the care people received because it allowed people to discuss their care needs in private so that support plans could be updated when their needs changed. People were encouraged to take part in their care plan reviews to ensure that they were supported and cared for correctly at specific times or when their needs changed.

Requires improvement

Is the service responsive?

The deputy manager told us, “Service users can choose who they want to support them. They can let their needs be known. The support plans are as detailed as possible, on how they like to be supported. The keyworker co-ordinates this."

We spoke to the aromatherapist who attended once a fortnight and they told us, “It is a lovely home, the staff are passionate and experienced. I have been coming here for many years, it is welcoming and friendly.” They told us that three people received the treatment and that they enjoyed it. The service encouraged and sought feedback from people and their relatives. The complaints process was available in an easy to read pictorial format to help people to understand it. It was displayed on a notice board which people had access to. A relative told us that if they had a concern they would “speak to managers. They always respond positively and immediately, not that we have had many reasons to complain.” Relatives of people in the respite care part of the service said, “I'd take it up with the manager who would resolve it” and that there “was a meeting with respite relatives twice a year.” We saw evidence of these meetings during the inspection. This meant people and relatives could approach staff and feel comfortable if they were not happy. They felt listened to. We looked at the complaints policy and we saw that there was a clear procedure for staff and people to follow. We saw that complaints were recorded and responded to appropriately.

Good

Is the service well-led?

Our findings

The service had a registered manager and also a deputy manager. Relatives, staff, stakeholders and people who used the service told us that the registered manager was running a good care home and that there was a positive culture. A relative told us that the registered manager was "very nice, excellent". Another relative said, "I rate [the registered manager] very highly. He listens, he acts. He is extremely caring. If you have a problem at home he will phone up and ask how things are. Staff are like family now."

Staff said they were able to talk to the deputy manager and felt confident talking to the registered manager. One staff member told us that the registered manager had an "open door policy and was very supportive". We looked at records of team meetings and found that they took place every six weeks. During meetings the staff would talk about key working, working together, information sharing, activities for the people living in the service, health and safety and communication. One staff member told us, "Sometimes there is a theme for the meeting that we need to discuss as a team."

The registered manager told us that there was a transparent culture for staff, people and relatives. He said, "I listen to service users, families and my staff. We are passionate and caring. We want to be a stable home for people." We found that staff were enabled to share their knowledge and experience during handovers, staff meetings and staff supervision. Staff felt well supported by the registered manager and they could approach them for advice and guidance. One member of staff said, "Staff are informed of what is going on a daily basis".

We saw that there were procedures in place for managing medicines, safeguarding, capacity assessments and DoLS applications. In dealing with issues, incidents and complaints the deputy manager told us, "We are not perfect so if make a mistake, we admit it and address it." Relatives told us that they had meetings every six months to review their loved one's care. A relative said, "We talk about all aspects of their care. They are very open meetings. It is a two way process that works well."

We noted that reductions in service delivery had been made because of the need to save money. The service had also recently had to deal with staff leaving because of salary reductions imposed by the registered parent company of the service and this had affected morale. The registered manager told us that they had staff meetings and regular supervisions to assure staff that they would be supported through the changes. Staff were also supported by trade unions and counsellors. The registered manager said, "The anger has quelled and staff are happy to stay now. I have an open door policy."

We saw evidence of the registered manager undertaking surveys which gathered the views of people, their relatives, staff and health care professionals who visited the service. Results of the surveys were positive. We looked at the service's quality assurance systems. Records showed that quarterly audits were carried out regularly by the registered manager and by a more senior manager to make sure that the service was managed safely. This monitoring looked at many areas of the service such as accidents and incidents, spot checks of equipment, health and safety, safeguarding alerts, staff meetings, supervision and care records. The auditing tool highlighted areas that required improvement and adopted the five domains that the Care Quality Commission used to conduct its inspections. The registered manager notified the CQC of incidents that occurred within the service that they were legally obliged to inform us about. This showed us that the registered manager understood their role and responsibilities.