The Outlook Foundation

Gaynor Forster House

Inspection report

17 Stanford Avenue
Brighton
East Sussex
BN1 6GA

Tel: 01273508123
Website: www.outlookhouse.co.uk

Date of inspection visit:
04 May 2016

Date of publication:
28 June 2016

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

This inspection took place on 4 May 2016 and was announced.

Gaynor Forster House is part of The Outlook Foundation, a charity which provides accommodation, and/or personal care and training for young adults with mild to moderate learning disabilities. The Outlook Foundation has three services in Brighton and Hove. This is a supported living scheme where people live in their own home under a tenancy agreement. Each person has their own flat with a bedroom, bathroom and kitchen/lounge area. People receive personal care or social support in order to promote their independence. The support provided is tailored to meet people's individual needs and enables the person to be as autonomous and independent as possible. The service is situated in a residential area with easy access to local amenities, transport links and the city centre. Gaynor Forster House has up to five people living in the service and is registered to provide personal care. At the time of the inspection one person was receiving support with personal care.

The service had a registered manager, who was present throughout the inspection, they have been in their current post for many years and knew the service well. 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.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of the individual. People were supported to develop their life skills and increase their independence. People's care and support plans and risk assessments were detailed and reviewed regularly. People told us they had felt involved and listened to. A relative told us, "The Outlook Foundation provides excellent care."

Consent was sought from people with regard to the care and support that was delivered. Staff had undertaken training in the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DoLS). They knew how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

People were supported to eat a healthy and nutritious diet. They had access to health care professionals, and had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in people's care and support plan.

People told us they felt safe. There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. The number of staff on duty enabled people, if they chose, to be supported to access educational courses, participate in voluntary work and in social activities. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote

good practice and develop the knowledge and skills of staff.

Staff told us it was a small staff team who worked well together, and communication throughout the service was good. Comprehensive handovers were held at the beginning of each day and they also attended regular staff meetings. They confirmed that they felt valued and supported.

People and their representatives were asked to complete an annual satisfaction questionnaire. We could see the actions which had been completed following the comments received. People had the opportunity to attend regular 'tenants meetings'. The registered manager told us a range of internal audits were carried out to review the quality of the care and support provided, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

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 had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

There were sufficient staff numbers to meet people's personal care needs.

Is the service effective?

Good

The service was effective. Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff had a good understanding of people's care and support needs. People were supported by staff that had the necessary skills and knowledge to help them develop their life skills and independence.

People were supported to maintain a healthy diet.

People had been supported to have an annual health check with their GP, and to make their own healthcare appointments when needed.

Is the service caring?

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People had their care and support needs identified. These had then been regularly reviewed and changing needs were responded to. The views of people, their relatives were sought and informed changes and improvements to service provision.

People had been supported to attend activities they enjoyed.

A complaints procedure was in place. People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service was well led. The leadership and management promoted a caring and inclusive culture.

There was a clear vision and values for the service, which staff promoted.

Effective systems were in place to audit and quality assure the care provided.

Gaynor Forster House

Detailed findings

Background to this inspection

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

This inspection took place on 4 May 2016 and was announced. This was so that key people could be available to participate in the inspection, and for people living in the service to be made aware we would be visiting their home. The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. 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. This enabled us to ensure we were addressing any potential areas of concern. We contacted the local authority commissioning team and to ask them about their experiences of the service provided.

We observed people's care and support throughout our inspection to help us understand the experiences people had. We spoke with one person who was resident during our inspection. We spoke with the registered manager, and a care worker. Following our inspection, we contacted a social care professional and a relative to ask them about their experiences of the service provided.

As part of our inspection we looked in detail at the care provided for one person, and we reviewed their care and support plan. We looked at records of meals provided, the compliments and complaints log, incident and accidents records, policies and procedures, meeting minutes, and staff training records. We also looked at the service's quality assurance audits.

The service was last inspected on 7 January 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

There were systems in place to ensure the safety of people using the service. People appeared relaxed with each other, happy and responsive with staff and very comfortable in their surroundings. Feedback from a relative and a social care professional was that people were safe in the service.

The provider had a number of policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. The registered manager told us they were aware of, and followed, the local multi-agency policies and procedures for the protection of adults. These policies and procedures had been reviewed to ensure current guidance and advice had been considered. Senior staff within the organisation had shared this revised information with staff and people using the service. Staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

To support people to be independent risk assessments were undertaken. They assessed any risks against individual activities people were involved in, for example when they went out to local facilities and events. There had been a regular assessment of the environmental risks and this included individual fire risk assessments. There was a regular review of the risk assessments. Staff had completed training in managing people's behaviours that challenged others. Risk assessments and guidance for staff to follow were in place to enable people to manage their behaviour. Staff members were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation.

On the day of our inspection there were sufficient staff on duty to meet people's needs. Staff told us how staffing was managed to make sure people were kept safe. The registered manager told us there was a fixed rota, and they ensured cover was arranged when there were staff absences. The registered manager and two care staff worked in the service covering between 9.0 am and 5.0 pm. Two staff worked each day, and all worked on a Tuesday. A formal tool was not used to calculate the level of staff needed. The registered manager looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed support for specific activities, and anything else such as appointments people had to attend each day. They then adjusted the rota when required. The registered manager regularly worked in the service and so were able to monitor that the planned staffing level was adequate. Staff told us there were adequate numbers of staff on duty to meet people's care and support needs. Agency staff were not used in the service. The registered manager and care staff worked extra or changed shifts to cover the rota when necessary and

ensure consistency of staff supporting people. Records we looked at confirmed this. Staff had time to spend talking with people and supported them in an unrushed manner.

Contingency plans were in place to respond to any emergencies, for example flood or fire. Procedures were in place for staff to respond to emergencies. There were regular health and safety checks carried out in the building and people had their own fire risk assessment in place. People had been given a copy of a handbook with information about the service, which detailed the fire safety procedure and what to do in an emergency. There was an on call arrangement which people could use if they had any concerns outside of the hours staff were working in the service. This was mainly contacting the registered manager or a senior member of the organisation in their absence. People told us this worked well and there was always someone to contact if they needed to. Staff also had access to senior member of staff in the organisation should they need further guidance and support.

At the time of the inspection no one received support to manage their medicines. Staff had received medicine administration training and there were systems in place to ensure the safe management of medicines should the need arise. However, staff had not received a recent update of their medicines training. We raised this with senior staff within the organisation who have told us should this change and people need support with the administration of their medicines, it would be ensured staff would receive a training update prior to commencing this task.

There had been no recruitment of new care staff since the last inspection. The registered manager told us they had the support of senior staff within the organisation when recruiting staff. All new staff went through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. An application form and an interview were completed and, two written references and criminal records check obtained. This was to ensure that staff were of suitable character to work with people. However, one member of care staff had recently been transferred from another of the provider's services. They were in the process of being taken through an induction to the new service.

Good

Is the service effective?

Our findings

People told us they felt the care and support was good, and their preferences and choices for care and support were met. A relative and social care professional told us that the staff were knowledgeable and kept them in touch with what was happening with people.

Staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA. Staff told us they had completed this training and all had a good understanding of consent, and what to do if people lacked the capacity to make decisions about their care and welfare. We asked staff what they did if a person did not want the care and support they were due to provide. One member of staff told us, "I would explain the reason why they should do it." If that was not successful, "I would leave and try again later."

People were supported by staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. The registered manager told us all staff completed an induction before they supported people. This had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. The length of time a new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One new member of staff was in the process of being taken through their induction to the service, and had their training identified. Records we looked at confirmed this.

Staff received training that was specific to the needs of people using the service, which included training in first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Staff had also completed training to help them understand learning disabilities and their role in supporting people to increase their independence and how to support people with epilepsy. Staff told us this had given them information and a greater understanding of how to support people with a learning disability. Staff was supported to complete a professional qualification, and all the staff had completed either a National Vocational Qualification (NVQ) or a Diploma in Health and Social Care Level 2 or above. They told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required.

Staff told us that it was a small team who worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a

communications book to share and update themselves of any changes in people's care and support needs. They received regular supervision through one to one meetings and observations whilst they were at work and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Records we looked at confirmed this. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff supported people to book GP appointments and they could attend these with staff. There was a record that people had been supported to attend regular eye tests and dental check-ups. For one person there was a record of regular support and check-ups in relation to their epilepsy support needs. Staff were able to describe what had been put in place to support this person and what to do in the event of a seizure, and this was also detailed in the care and support plan to ensure a consistent approach.

People told us the food was good. They had been supported to eat a healthy and nutritious diet.
Staff told us they spent time with people each week to plan their weekly menus and shopping list as part of their life skills development. We observed one person was supported to go out shopping for food. They had their own kitchen, and were encouraged and supported where required in preparing and cooking their own food and snacks. We observed one person being supported to cook their meal. They were comfortable with staff and frequently engaged in friendly conversation during the activity.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. People stated they were happy with the care and support they received and they liked the staff. One person told us, when asked if they were happy living at Gaynor Forster House, "I am happy The staff are nice. They are kind and caring."Feedback from a relative and the social care professional was that staff were very kind and caring. A social care professional told us of their experience of people's life in the service, "Their quality of life is excellent." During our inspection we spent time in the service with people and staff. People were comfortable with staff and frequently engaged in friendly conversation or an activity.

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing.

Care provided was personal and met people's individual needs. People were addressed according to their preference and this was by their first name. A key worker system was not in place. Staff told us it was a small team and all the staff worked with people depending who was working that day. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals and progress for working towards being more independent. These had been discussed with people and their family. Their progress towards meeting their goals was discussed as part of the annual review process. People had a great deal of independence. They all had keys to their flat and the front door of the service and came and went attending a range of activities. They decided where they wanted to be in the service, what they wanted to do, when to spend time alone in their flat and when they wanted to chat with other people or staff. People were involved where possible, in making day to day decisions about their lives. People were in and out during the day of the inspection and were involved in a range of activities. For example, one person had gone out to work, another went shopping and another had been out doing voluntary work at a local charity shop.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered. They told us they were respected and their privacy and dignity were considered when staff provided support. Staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they protected people's dignity. For example, one member of staff told us, "I always knock and wait at the door. I am around when people are bathing, but I am at a discreet distance." "Observations on the day were that staff always knocked first and waited to be invited in, and did not enter people's flat when they were not there.

People were supported in a homely and personalised environment. They had their own flat for comfort and privacy. People were encouraged and supported to have their rooms decorated with items specific to their individual interests and likes and dislikes. People had been supported to keep in contact with their family and friends. People had the support of their family, and had not had the need for additional support when making decisions about their care from an advocacy service. However, the registered manager had information on how to access an advocacy service should people require this service.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual packages of care and support to develop their skills and increase their independence with the agreed goal that people were working towards. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. A relative and social care professional confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided. A relative

People had all been living in the service for a number of years. Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning and goal setting and any review of their care and support needs. There was evidence in the care plans people had been involved in their assessment and care planning and care plans had consent forms signed by the person. Care plans were comprehensive and gave detailed information on the person's likes/dislikes/preferences and care needs. People had clear and detailed care and support plans in place which reflected their individual needs and preferences. These described a range of people's needs including personal care, communication, eating and drinking, for example where people were independent or needed prompting for part of their personal care.This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the community learning disability team.

Information was provided to people in a way they could understand. There was evidence in the service that demonstrated staff were aware of the best ways to support people's communication. For example we saw symbols (a visual support to written communication) used to support people if they wanted to raise any concerns. Senior staff had sharing the updated safeguarding adult's procedures in a format that people could best understand.

People were supported to achieve life skills and progress towards these were recorded and reviewed three monthly. They were actively encouraged and supported to carry out daily activities around the service such as cleaning their own flat, laundry and ironing, meal planning and cooking. One member of staff told us when asked what the service did well, "Supporting people to be independent. I have seen them come on so much since I have been here." A learning centre based at one of the other provider's services was available for people to use and external staff came in to support people through training specific for people with a learning disability. This was to increase their independence and learn new skills. This centre had a computer room, a classroom and a training room. Activities people could get involved with included literacy and numeracy classes, home economics and computer sessions. Staff told us people had previously attended courses at the centre to develop their life skills. People were supported to attend a range of activities in the local area. This could be courses at a local college or voluntary work. People participated in their preferred activities. Staff supported people to access, if they wished to attend, a range of social activities. For example, going out for a drink or something to eat, attending local fitness classes, attending events such as music

concerts. One person we spoke with was supported to attend a local gym class.

There was a residents committee which people could join to arrange and plan things happening in the organisation. 'Tenants' meetings were held regularly. This enabled people to find out what was going on in the service, be part of the running of the house and share any ideas or work out any problems. We saw evidence of meeting minutes detailing what had been discussed. This respected and involved the people who lived at Gaynor Forster House to be involved in the service and gave them the opportunity to discuss for example what social activities they would like to do. People were also encouraged and supported with the completion of annual quality assurance questionnaires. Records we looked at confirmed this and feedback about the service following the last quality assurance audit in 2015 was positive. Staff gave us an example of when changes had been made following feedback received. For example, a new washing line was installed in the garden for people to use, and staff had explored opportunities for people to go out bowling.
People were made aware of the compliments and complaints system which detailed how staff would deal with any complaints and the timescales for a response. This was detailed around the service, and also available in a pictorial format if people would prefer this to help them understand the process to be followed. It also gave details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. We looked to see how any complaints had been dealt with. However, none had been received since 2008. Senior staff within the organisation told us that if any complaints were made these would be investigated and a meeting would be held for senior staff in the organisation to discuss any issues identified to be addressed.

Good

Is the service well-led?

Our findings

The senior staff within the organisation promoted an open and inclusive culture. People were asked for their views about the service. They said they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. They were encouraged to be as independent as possible and had developed strong links with their local community. A social care professional told us, "There is good communication between us. They are really on the ball with everything."A relative told us they were able to comment on the service, particularly through the reviews of peoples care or quality assurance questionnaires used in the service.

There was a clear management structure with identified leadership roles. The registered manager regularly worked in the service. One staff member told us they felt the service was well led and that they were well supported at work. They told us the registered manager were approachable, knew the service well and would act on any issues raised with them. They said, "It's brilliant. I could not ask for a better boss. I can always talk to her."The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The aim of staff working in the service was to be, 'Dedicated to quality living and training in preparation for independence appropriate to ability for people aged 18 plus with learning disabilities.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understanding of the importance of respecting people's privacy and dignity.

Staff meetings were held regularly throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. These had been used for updates on people's care and support needs, and to discuss people's progress towards their agreed goals. Where quality assurance audits had highlighted areas for improvement there was an opportunity for the staff team to discuss what was needed to be done to address and improve practice in the service. Staff told us they felt they had the opportunity if they wanted , to comment on and put forward ideas on how to develop the service. Staff carried out internal audits, including care planning, progress in life skills towards independence, and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. Policies and procedures were in place for staff to follow. Senior staff were able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. For example, the latest guidance for safeguarding people had been sourced and was used to inform people and staff of the current guidance and practice to be followed.

The registered manager had regular supervision with senior staff in the organisation, which enabled them to inform the provider and keep them up-to-date with the service delivery. The provider had also audited the care and support provided. The registered manager told us that where actions had been highlighted following an audit, these had been worked on to ensure the necessary improvements. Records we looked at confirmed this. The registered manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and

share practice issues and discuss improvements within the service. The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager was aware notifications to us should be made in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.