

Outlook Care

Outlook Care - Unit 6

Shelduck House, Billericay

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Outlook Care - Unit 6 Shelduck House, Billericay is a supported living service providing personal care for approximately 130 people. Support is primarily provided to people with learning disabilities or autistic spectrum disorder.

Support is provided in approximately 20 supported living schemes based across South Essex and East London, ranging from shared houses to large complexes of individual flats, with shared communal areas. The level of support varies from minimal support to intensive 24-hour care to meet people's complex needs. Not everyone who used the service at the time of the inspection received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

At the last inspection, we rated the leadership of the service as outstanding. At this inspection, we found the leadership provided high quality management which we rated as good. People and their families gave us positive feedback about the service, and we found examples of exceptional person-centred leadership and care. However, the provider was still working towards ensuring people experienced consistently outstanding care across the service.

We were assured by the provider's commitment to promote exceptional care. In particular, we found the service was outstandingly effective, which provided a good foundation to achieve a consistent standard of care.

When we last visited the service, the registered manager was implementing guidance to minimise the risk of choking. On our return we found these improvements had been sustained and represented an example of best practice, reflected in positive improvements to people's quality of life and safety. The provider had shared this learning in a positive, pro-active manner. Staff had embraced the guidance. They focused on ensuring people enjoyed what they ate and drank, respecting their preferences and cultural needs.

Senior staff used best practice to select local staff teams who worked effectively to deliver person-centred care. Staff had varied opportunities to develop their skills, including attending training which involved the people who used the service. Staff worked well with external health professionals to enable people to develop skills so they could take control of their health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Technology was used creatively to minimise restrictions and improve people's quality of life.

There was a new management structure which was ensuring a more consistent quality of care. The culture

of the organisation was open. People, families and staff were encouraged to speak out and were confident they would be listened to. Comprehensive quality checks included people who used the service and highlighted areas for improvement which were acted on promptly. The provider worked well with external organisations and was committed to promoting best practice in their sector.

Risk was well managed across the service. Staff supported people to stay safe, whilst promoting their independence. Detailed risk assessments provided staff with the information about people's individual circumstances. People received the necessary support to take their medicines safely. There were enough staff to meet people's needs.

People received support from stable and caring staff teams who knew them well and treated them with respect and dignity. Staff promoted people's voice and ensured they were involved in making decisions about their care. Staff worked in an inclusive manner with people to maximise their independence.

Care and support was tailored around people's needs, adapting flexibly when their needs changed. Staff supported people to develop their interests and keep in touch with their local community, families and friends. There were arrangements in place to meet the needs of people who required end of life care. People felt able to complain if they were unhappy with the quality of care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good, with outstanding in well-led (published 20 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Outlook Care - Unit 6 Shelduck House, Billericay

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included a lead inspector and a second inspector who visited the service's office in Billericay, Essex, with an inspection manager who was observing the inspectors' practice. The lead inspector and three additional inspectors visited supported living schemes on separate days.

An Expert by Experience made phone calls to families of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At our last inspection there had been one registered manager. They had now left and been replaced by two managers who were registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service three weeks' notice of the inspection and office visit. This was so staff could prepare

people for our inspection. During this time the provider sent us current information about the people who used the service to help us plan the visits to individual schemes.

We gave individual schemes 24 hours' notice of our visit. This is because we needed to ask people's permission to visit their homes.

Inspection activity started on 6 February 2020 and ended on 12 March 2020. We visited the office location on 26 February 2020.

What we did before the inspection

Prior to the inspection we gathered and reviewed information we held about the service, including information we had received from the provider. The provider is required to notify us of deaths and other incidents that occur within the service, which enable the Commission to monitor any issues or areas of concern.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During our office visit we met with two registered managers, the Director of Care and Support and the nominated individual. A nominated individual has overall responsibility for the provision of the registered service. We also spoke to a number of staff involved in coordinating care, quality, recruitment and training.

The expert by experience spoke with nine relatives for feedback about their views about the service.

We visited five supported living schemes spread over a wider geographical area. We spoke with or had contact with numerous people, including a focus group of five people who used the service. We also spoke to senior and care staff working at the schemes.

We reviewed a range of records. This included care records for ten people who received care from the service. We looked at a variety of records relating to the management of the service, including ten staff files.

After the inspection

The provider sent us a large amount of information to support the inspection, as requested. We contacted a number of stakeholders for their view on the service and had responses from three local authority commissioners.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them stay safe. A person said, "I worry about drugs and cocaine from strangers but staff keep me safe. I talked to them and they told me where to put my money safely."
- There were effective processes in place to safeguard people and staff knew what they had to do if they were concerned about people's safety.
- Senior staff worked openly with external professionals to investigate concerns. The registered managers had a good overview of investigations and ensured action was taken as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk continued to be managed well at the service. Staff understood how to support people and help minimise risk. Due to a person's anxiety, staff had written a leaflet for visiting contractors to explain the risks and safety measures they needed to take.
- Staff worked in an enabling way with people to keep them safe, while minimising restriction on their freedom. For example, the registered manager described how they created a sensory room where people were encouraged to spend time when they felt anxious. A relative told us, "They try and keep everything as uncomplicated and as simple as they can. This is what keeps my family member calm and safe."
- There were detailed risk assessments and care plans. These were adapted as people's circumstances changed. Staff had carried out an urgent risk assessment to support a person to use the internet safely.
- Senior staff understood where there was risk across the service. They made sure concerns were prioritised and dealt with promptly.
- Where there had been incidents, or near misses, effective communication meant lessons were shared to improve safety across the service.

Staffing and recruitment

- Staff continued to be recruited safely, in keeping with the values of the organisation.
- People, families, staff and stakeholders told us there were enough staff to keep people safe.
- The provider tried to make sure individuals were supported by a stable staff team, which promoted consistency and good team-work. This included using regular agency staff when permanent staff were not available.
- People were involved in recruitment, attending interviews or letting senior staff know the kind of staff they wanted to support them.

Using medicines safely

- Medicines continued to be administered safely. A person told us, "They (staff) come in the morning and give our tablets. They write down the medicines because if they don't they get told off."

- Staff supported people in a person-centred manner with their medicines. Staff were skilled at promoting people to take their medicines safely and independently, as appropriate. Medicines were stored in people's individual properties.
- There were effective checks to monitor whether people took their medicines safely. Medicine errors were addressed promptly, and systems improved as a result.

Preventing and controlling infection

- Staff had a good understanding of how to prevent the spread of infection and used gloves and aprons as appropriate.
- There was a positive culture around reducing the risk of infection whilst ensuring people were not overly restricted and environments remained non-institutionalised and homely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection, senior staff had developed new guidance and processes to protect people who were at risk of choking. Staff across the service had now put the guidance into practice in an outstanding manner, delivering care to an excellent standard. The care people had received had improved as a result, for example, staff supported a person to change how they took their medicines, to minimise the risk of choking.
- The service had worked in partnership with external professionals, such as speech and language therapists to ensure guidance about supporting people at risk of choking remained up-to-date. The provider had held a workshop where they had invited other providers, to share their lessons about best practice to support improvement in care across the sector. This benefitted not only people who were supported by the service, but the wider community.
- Staff carried out detailed assessments of people's needs. An officer from a local authority told us, "Outlook Care will always undertake a full assessment at the point of referral which is robust and thoughtful, ensuring that the service user is empowered and that the package is compliant to the Care Act."
- The provider had focussed on developing new one-page profiles which provided information about people's needs and preferences in a more accessible manner to staff. Consultation on this change had been excellent and staff spoke positively about the new profiles. The provider promoted best practice by setting up a competition where a meal out was awarded to the person and staff duo who produced the best profile.
- Information about people's individual needs was used to support staff teams to work together to deliver care effectively and in a person-centred manner. We visited a larger supported living scheme where staff were managed in an efficient and innovative way in line with best practice. Staff and people had exceptionally well-organized schedules which had been written all over with amendments as people's needs changed or individuals chose to do something different than was planned.
- Staff worked in partnership with external professionals to use technology creatively to deliver care, especially when monitoring people's health and enabling restrictions to be minimised. This enhanced people's quality of life, for example, staff used technology to check a person's breathing while they slept, which meant support was less intrusive. A local authority officer told us Outlook Care was a leader among local providers in promoting technology for the benefit of people they supported.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided person-centred support where people had specialist needs to ensure meals were not only safe but also enjoyable. Staff were compassionate and understood the emotional impact on a person of not being able to eat their favourite foods due to the risk of choking. They responded creatively, for example, taking a mini-blender to a restaurant so a person could continue eating their favourite food.

- We found examples where staff were led in an exceptional manner by people to ensure they ate food in line with their cultural preferences.
- People were involved in deciding what they ate and drunk, and when. We observed a person having their porridge at 11.30am, whilst other people were preparing their lunch.
- Care plans outlined people's needs and preferences in detail. Staff supported people to not only remain healthy but to enjoy what they ate and drunk. For example, a person's care plan stated, "I am able to choose and tell staff some food that I like such as fish & chips, cup of tea, cup of coffee and apple. I need staff to sit with me and explain to me the type of food, writing on the weekly menu ensuring I have a healthy balanced meal." When we met with people, they spoke with great enthusiasm about what they planned to eat that day.

Staff support: induction, training, skills and experience

- The focused recruitment process described in the safe section of this report ensured staff teams had the skills to meet the people they supported. Senior staff observed applicants and people playing a football match during a recruitment day, after which they asked people their views on each applicant. When we met staff teams, we found the selection process had created skilled teams which worked well together.
- There was comprehensive training to ensure staff developed specialist skills to care for the specific needs of people across the service. For example, a staff team had learnt how to take a person's blood pressure to help monitor their health and communicate with health professionals in an emergency. A relative told us, "One of my biggest concerns was whether staff would have sufficient understanding of how to manage my family member's diabetes but the manager has worked hard to ensure staff have been trained up and I'm confident that they know what they're doing."
- People were involved in training, for example, using their experience of care to introduce new staff to the values of the organisation. Feedback from staff was positive about the training. A member of staff described the values course, "The client inclusive training was a fantastic idea and could highlight any issues with the new staff."
- The provider had worked with people to film training videos for staff. One video helped develop communication with people who were non-verbal. A person helped show staff how they could communicate with pictures, signs and sounds. After the training videos were completed, the provider held a 'red carpet' event to celebrate their achievements.
- Staff told us they were well supported and supervised. A member of staff told us, "They monitor you and observe you to make sure you still understand what you are supposed to do, for example, are you washing your hands?" There was a focus on continual improvement and senior staff dealt with poor practice promptly and respectfully.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked very well with other agencies to ensure people received consistent care. For example, working alongside district nurses to offer skilled support to people who were scared of having their blood tests or being weighed.
- Many people had moved from more institutionalised care settings to supported living where there was a focus on increasing independence. The service had a key role in promoting people's skills in managing their own health needs, for example epilepsy or diabetes. We found examples where this support enabled people to better access their local community and live a fuller life.
- Support from staff considered people's needs in a holistic manner and was not limited to set tasks. For instance, staff worked alongside other professionals to support people in a person-centred manner when they needed to spend time in hospital or move home. As a result, people's transitions between different settings were smoother and achieved more positive outcomes.
- During our visits to schemes we found national guidance being implemented to ensure people remained

healthy, such as new guidance on maintaining good oral health. People were engaged with this process, for instance one person showed us pictures on the wall of their bathroom which illustrated how to brush their teeth.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was an excellent commitment across the service to working within the principles of the MCA. The values of the organisation meant staff promoted and respected people's right to make choices. A relative told us, "[Person] makes their own choices and staff respect that. If they don't want to do something they won't."
- Staff were committed to ensuring people were not unnecessarily supervised. For example, a person used a Vega watch, to enable them to go into the community unaccompanied. The Vega watch has technology which allows people to live a more active, safer life and move freely within a pre-configured safe zone, with staff providing remote support.
- Staff used innovation to reduce the impact of decisions which restricted people's movements for their own safety. Staff had used their initiative to arrange for a person to attend a private pool because their complex needs meant they were not able to attend a public pool.
- Senior staff completed personalised assessments of people's capacity. Where people did not have capacity, staff worked alongside them and their representatives to ensure decisions were made in their best interests. We found examples where people remained positively involved in complex decisions about their wellbeing despite lacking capacity.
- Where people were deprived of their liberty, the provider had worked with professionals to make the necessary applications to the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and treated them well. A person said, "They are very kind. We love them." We observed warm and respectful interactions between staff and people.
- Staff spoke about people with compassion and understanding. A member of staff told us, "The people here are lovely. Of course, they have their challenging behaviours but mostly that is because we have done something wrong or missed something."
- Families told us they appreciated the consistent staff teams. One relative told us, "They're quite stable there with the carers. [Person] is very sensitive but always happy and well looked after."
- Care was tailored around people's individual cultural needs. Staff supported a person to make decisions about how they practiced their religion. We found this was an excellent example of promoting diversity in a personalised manner.
- Staff respected people's decisions about their sexual preferences, promoting their right to make choices. A person's wellbeing had been enhanced by the support received from staff in this area.

Supporting people to express their views and be involved in making decisions about their care

- Staff worked alongside people to develop care plans and made decisions about care in an enabling manner.
- Staff enabled people to make decisions about their lives. People living in a large scheme had met with staff to discuss their concerns about who came to live with them. Staff supported them to communicate a list of their priorities to the landlord and local authority, such as "We do not want a pick-pocket living with us." This represented best practice as it promoted the right of people to make decisions about who they lived with.
- People had the right to make choices which went against staff guidance. We observed a member of staff offering advice when a person wanted to go out in the rain but respected their decision to go out.
- Senior staff worked well with external representatives where people required additional support to communicate their views. Staff had referred people to advocates to help them voice their opinions, when required. A person who was choosing to make a decision which put their health at risk had an advocate to help them communicate their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's need for dignity. A person described the support from staff with their personal care and said, "They leave me alone and I get dressed."
- There was a positive culture around promoting independence. A member of staff described how they supported a person. They said, "We encourage them to be independent and motivate them as well. [Person]"

takes their clothes out from the wardrobe and brushes their own teeth. They also take the recycling bins out." A person was involved in training other people out in the community to help them increase their confidence to go out independently.

- The provider had responded well to feedback from staff and people about how information about risk and more negative information was presented in care plans. As a result, information about people in the new one-page profiles was presented in a more holistic and dignified manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care continued to be highly personalised and adapted to meet people's individual preferences.
- Each person had a key member of staff who helped them coordinate their support and communicate their needs to rest of the staff team. A person told us, "I told my key worker I wanted a lady (to support me) and they said yes."
- Although staffing was well organised and structured, people experienced a flexible and responsive service. At one scheme a member of staff had a list of tasks to complete with a person but told us, "We try and leave a bit early so we can nip in the cafe and have a coffee."
- Care was reviewed regularly and involved people and their representatives, as appropriate. A family member told us, "We've had a few meetings and we are due for another one. It's once year and they always include me." Staff brought forward scheduled review meetings to help them adapt care when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured all information met the AIS. This was supported by a stable staff team who knew how to ensure people received information in a way they could understand.
- When we visited individual schemes, we saw communication methods varied, in keeping with the guidance in individual care plans. For example, people had picture diaries about their regular activities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to develop their interests, keep in touch with families and their local communities. Many people had extremely busy and full lives, taking part in numerous activities of their choice.
- Families told us staff supported people to keep in touch with them. When a person's relative was unable to visit due to illness, staff had supported the family to set up 'face-time,' so they could use social media to help keep in touch.
- One of the staff teams had set up a "wishing washing line" which gave people an opportunity to achieve long standing dreams. People had developed interests and staff had been creative in responding to dreams which were difficult to achieve.
- A new scheme was being developed to enable people to share skills and tasks. For example, a person who

liked to chat but hated cleaning would be matched for mutual support with a person who liked cleaning. This scheme represented an example of creative, innovative practice which when in place, would improve outcomes for people, promote well-being and limit isolation.

Improving care quality in response to complaints or concerns

- Since our last inspection, the provider had changed the way they managed complaints. Concerns were now the responsibility of local managers. Registered managers told us this ensured complaints were managed more effectively.
- People and families told us they felt able to complain. The people we met in the focus group told us they would speak about any concerns to their key worker, but also said they could speak with the manager.

End of life care and support

- Most of the people receiving support from the service did not require end of life care.
- We met a person who was receiving end of life care. They told us the senior member of staff supporting them was a "lovely thing". The care they received was exceptionally personalised and staff had worked closely with hospice and other health professionals to ensure the person was cared for well and enjoying all their favourite things, where possible.
- One the staff teams specialised in supporting people with more complex health needs. They had been awarded the Gold Standards Framework, which is used by care services to help them plan ahead to best support people who required end of life care. The registered manager told us they would use these trained staff to provide guidance to other staff, if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection we rated well-led as outstanding. The provider continued to promote high quality care and person-centred values however we found outstanding care was not provided consistently across all the geographical areas, and examples of exceptional care were largely limited to a number of key supported living schemes. The registered managers responded positively and openly to this feedback and told us the management of the service had been restructured to provide more consistency.
- The provider had developed exceptional tools to achieve outstanding practice across the service, as outlined in the effective section of this report. This was illustrated in how effectively the new guidance around minimising the risk of choking had been implemented at every level, including training, care planning and partnership working to achieve exceptional outcomes for people.
- Feedback from people and families was positive. We asked a group of people whether the service was 'quite good or very good.' They all told us it was 'very good'. Families told us people had a good quality of life. One relative said, "When I last spoke to [person] they were singing and stuff. I saw them recently and they look healthy and happy."
- The provider promoted an open culture. Staff felt able to voice their opinions. A member of staff told us, "People speak out, you can't sweep anything under the carpet."
- Stakeholders, such as local authority officers, gave us positive feedback about the service and told us the provider was open and engaged well with them. One officer told us, "The manager is proactive and appears to want the best for the residents in their care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management of the service had changed since our last inspection. There were now two registered managers, and a change in how schemes were managed. We found the new structure was working efficiently the two registered managers complemented each other well.
- Senior staff continued to do regular quality checks to ensure people received safe care. These improved people's health and wellbeing, for example, a check had highlighted when a person had not been weighed as required.
- People who used the service continued to be involved in quality visits which promoted their skills and their involvement in the running of the service. Some family members were also being recruited and trained to carry out audits. This good practice helped ensure support was led by people's needs and preferences.

- Issues raised by all the audits were added to an action plan and addressed effectively.
- The registered managers worked well with senior staff across the organisation to address poor practice and raise the quality of care. As a result of this work, staff had received guidance on alternative ways to support a person with complex needs, which had led to an increase in their quality of life and wellbeing.
- A great deal of information was collected. Some of the systems around analysing information across the service were not fully effective. Despite this, we found the registered managers knew in detail what was going on in all the different areas. The provider was working to improve how they analysed information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was exceptional in involving people in consultation, training and recruitment. The challenge in the future was to widen involvement to enable people from across all geographical areas and schemes to be involved in this best practice.
- Staff were well consulted in the organisation. For example, in the re-design of the one-page profiles which had been introduced since our last inspection.
- Families told us senior and care staff listened and involved them. A relative told us, "They are always receptive to feedback and thinking about how they can improve things."

Continuous learning and improving care; Working in partnership with others

- When we spoke with the registered manager on the first day of our inspection, they demonstrated an enthusiasm to continue developing the service. By our return visit a number of changes had already been implemented as a result of our feedback. For example, the complaints process had been amended to improve learning from individual complaints.
- The provider highlighted best practice through an award system. One of the supported living schemes had also won an award in the Great British Care Award 2020, which recognised, "The clear passion of the team who clearly would break down any wall that was in their way to get what was needed for the people they support."
- The provider was engaged with external organisations to promote and develop best practice. For example, they had worked with a local authority to improve the recording of hate crime.
- Feedback from stakeholders was positive. A local authority officer told us, "Outlook Care are a continuously improving organisation. At the quarterly commissioning meetings the regional managers are accompanied by the supported living managers for the borough. It is clear that they want all levels of the organization to have opportunities to progress and learn more about the wider environment that they are working in."