

Outlook Care

# Outlook Care - Beaulay Way

## Inspection report

Rise Park,  
Romford,  
Essex,  
RM1 4XD

Tel: 01708 756624

Website: [www.outlookcare.org.uk](http://www.outlookcare.org.uk)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an inspection of Beaulay Way on 10 July 2015 and the inspection was unannounced. We last inspected the service on 28 December 2013 and found the service to be compliant with the regulations in all areas inspected.

Beaulay Way provides accommodation and support with personal care for up to five male adults with autism. On the day of our visit there were five people using the service.

The service had a registered manager in post at the time of the inspection. 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 we spoke with told us that they were happy living at Beaulay Way and did not ever want to leave. People

# Summary of findings

were keen to tell us they felt safe and cared for. The service operated a person centred approach to the delivery of care. This meant that people were at the centre of the care they received.

The service demonstrated good practice with regards to medicine administration, recording and auditing. Audits were carried out by competent staff three times a day.

Robust systems were in place to ensure people's safety was maintained at all times. For example, we looked at risk assessments and found these to be comprehensive and reviewed and updated regularly. Staff had a good understanding of safeguarding and whistleblowing and knew their responsibility if they suspected or witnessed any form of abuse. Staff were able to tell us the different types of abuse and how these might manifest in someone's behaviour. This meant that people were protected against the risk of abuse.

The service had comprehensive policies and procedures relating to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not

deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner. The service was planning a management review of their MCA and DoLS processes in line with local authority in-put.

Staff were observed treating people with respect, compassion and kindness. People's dignity was maintained throughout the inspection and staff ensured people's privacy was respected at all times. People told us staff were kind and helpful towards them and that they liked spending time with their keyworker and could talk to them about anything.

Staff received on-going comprehensive training in order to effectively carry out their roles, and records showed that staff had received all mandatory training and additional training was scheduled for all staff. This meant that people were supported by knowledgeable staff who could meet their needs.

# 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?

The service was safe. Risk assessments gave staff clear guidelines to support people from known risks.

Staff had good knowledge of their responsibilities in relation to safeguarding people from abuse.

Medicines were stored, administered and disposed of correctly. Audits were carried out three times a day to ensure that any errors were identified immediately and acted upon. This meant that people were protected against the risk of poor medicine management.

The service had robust systems in place to ensure suitable staff were employed.

Good



### Is the service effective?

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

Staff received on-going supervision and appraisals.

People were supported to have enough food and drink and to maintain a healthy lifestyle. Staff provided people with information as to which foods are healthy.

People were supported to access health care professionals to ensure their health was maintained and reviewed regularly.

Good



### Is the service caring?

The service was caring. People told us that staff treated them with kindness and respect.

Staff ensured people's privacy and dignity was maintained at all times.

People were actively encouraged to make decisions about the care they received.

Good



### Is the service responsive?

The service was responsive. People were in receipt of personalised care and the service worked in a person centred manner.

Concerns and complaints were documented and acted upon if appropriated.

People were encouraged to participate in both in-house and community based activities.

Good



### Is the service well-led?

The service was well-led. The registered manager encouraged an open and inclusive environment.

The service regularly sought feedback of the service provision from people, their relatives and other health care professionals, by means of quality assurance questionnaires.

The registered manager actively sought support in the form of partnership working with external health care professionals.

Good



# Outlook Care - Beauly Way

## Detailed findings

### Background to this inspection

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

The inspection took place on 10 July 2015 and was unannounced. The inspection consisted of one inspector with the Care Quality Commission.

Before the inspection we gathered information we held about the service. For example, we looked at statutory notifications sent to us by the service in the last 12 months.

We looked at records the service kept in relation to all aspects of care provided. For example, we looked at two medicine records, two care plans, six staff files, records relating to the health and safety of the premises and risk assessments.

We spoke with three people, two care staff, the deputy manager, the registered manager and the area manager.

# Is the service safe?

## Our findings

People told us they felt safe in the service. One person said, “I love living here, I am safe and I want to stop here. Staff are nice and they help me if I want them to.” Another person told us, “I’m happy living here”.

During the inspection we reviewed two medicine administration recording sheets (MARS) and found that they were clear and concise, and held the correct information to ensure administration errors were minimal. We carried out an audit of the medicines and found that the correct amount of medicine was present. Medicines were kept in locked boxes in a locked cupboard in people’s rooms and also in the hall way. Medicines were stored in line with good practice and comprehensive reviews took place three times a day to ensure that any irregularities were identified immediately and action taken. This ensured that people were protected against the risk of unsafe medicine practice.

The service had comprehensive risk assessments in place with guidelines for staff to follow. We looked at risk assessments and found they covered areas of both known and unknown risks, for example, one assessment we reviewed focused on how best to respond when a person is engaging in behaviours that others may find challenging. We saw evidence that the risk assessments had been created with input from other health care professionals. This meant people were protected against known and unknown risks.

Protocols were in place to ensure the environment was assessed regularly to make sure it was safe. We looked at documents the service held relating to the health and safety of the environment. For example, we looked at the maintenance folder, fire checks, gas safety and electrical checks and found that checks were up to date and in line with company policy. This meant that people were living in a safe environment.

Staff had a good knowledge of their role and responsibility regarding safeguarding. Staff were able to identify the different types of abuse and how to report these to the appropriate channels. One staff member told us, “Everything we do is related to safeguarding; we must meet people’s needs yet not restrict their rights. No staff should ever abuse anyone in any form and I would contact my manager and the local safeguarding team.” Staff were aware that there was a safeguarding and whistleblowing policy that they could access should they wish. This meant that people were protected against the risk of abuse.

All new employees went through a robust recruitment system when joining the company. We looked at two staff files and found that security checks had been carried out prior to people starting work. For example, each file contained two references and a DBS check. Staff told us they received an induction with the service prior to starting work in the service itself. For example, new recruits were first given online training at head office, then shadowed experienced staff to ensure they were able to work directly with people. This meant that people were supported by staff who were competent in carrying out their role.

People we spoke with told us that there were enough staff to help support them do things that they wanted to do. “There are staff around all the time, they take me out and help me get dressed”. Another person told us, “Yes there are enough staff”. The service had sufficient numbers of skilled and knowledgeable staff to ensure that people were supported effectively.

Staffing levels were assessed by the registered manager regularly to ensure there were adequate numbers of staff to meet people’s needs. For example, we saw documentation that confirmed the registered manager had actively requested additional staffing to effectively manage someone who was engaging in behaviours that others may find challenging. We spoke with the registered manager who told us, “We always try to be flexible with staffing as people’s needs can and do change”.

# Is the service effective?

## Our findings

We spoke with the registered manager who had good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We looked at records that showed the registered manager had liaised with the local safeguarding authority regarding safeguarding and DoLS. The service had a clear understanding of the impact on people should their liberty be restricted and how to do so legally. At the time of the inspection the registered manager was in the process of completing DoLS authorisations from the local authority, this was confirmed when we spoke with the safeguarding lead. This meant that people's liberty was respected in line with legislation.

Staff received on-going and comprehensive training, for example we looked at the staff training matrix and found that staff had undertaken all mandatory training. Where training needs were identified through supervisions and appraisals, these were then offered to staff. Staff told us, "I feel comfortable requesting additional training if I want to. They [the registered manager and provider] have supported me to complete my NVQ level four." This showed that people were supported by knowledgeable and skilled staff who received up to date information to effectively support them.

Staff received regular supervisions and appraisals. We reviewed staff files and found that staff discussed all areas relating to their role. For example, evidence showed that staff spoke about their work load, areas they wanted to improve, areas they worked well, training they wished to undertake, areas of concern, etc. Supervisions allowed staff to have time with the registered manager on a one-to-one basis to effectively review their work and discuss their own personal development.

During the inspection we observed staff interacting with people using different communication styles. For example,

staff had developed tools such as visual pictorial boards and communication passports to ensure that people who were not able to verbally communicate their needs were able to effectively express their needs. We saw that in the main dining room there was a pictorial menu which showed what food was available for each meal. This showed that people were encouraged to effectively communicate in a manner of their choosing.

Staff told us, "We ask people for their consent with everything we do. They can tell you if they don't want to do something." We observed staff asking people if they wanted medicine and wished to take part in different activities. Staff did not tell people what to do, more so gave them adequate time to think about the request and answer at a pace that suited them. Staff had good knowledge about the importance of asking for people's consent and the consequences of not doing so. Staff and the registered manager told us that they actively encouraged people to make choices about things that affected them. This meant that people's choices were listened to and respected.

People were supported to maintain a healthy lifestyle by eating healthily. People could access the kitchen to help themselves to food and drink if they wished with support from staff. One person told us, "I like the food and I can eat nice things." Another person told us, "Sometimes I go out for dinner." Staff were aware of the importance of maintaining a healthy diet and the consequences of not doing so.

Staff encouraged people to maintain a healthy lifestyle and supported people to make healthy choices in relation to their care. For example, staff supported people to attend medical appointments in the local community and encouraged people to communicate any health concerns they may have. During the inspection we saw examples of staff supporting one person who had health concerns and did so in a respectful and informative manner.

# Is the service caring?

## Our findings

People told us, “They [staff] are caring, they are nice to me and help me get dressed.” Another person told us, “Yes they [staff] are nice.”

People told us, “I do like the staff here, I’m happy living here.” Another person told us, “I like all the staff here.” We spoke with one person who used pictorial tools to indicate that they liked staff and living at Beaulieu Way.

We observed staff talking to people in a compassionate and respectful manner. Staff had a clear understanding of people’s preferences regarding communication and staff ensured that they utilised this knowledge to effectively communicate. We also saw staff engage in meaningful conversations about people’s lives and history. Staff were able to show they had good knowledge of people’s lives and could talk about things that were important to people.

During the inspection one person appeared to be agitated and staff immediately intervened and offered reassurance to defuse the situation. Staff were confident in their tone and observed using appropriate techniques and approaches to manage the situation in a respectful and kind manner. Staff had a clear knowledge of the service’s guidelines when supporting people who are off baseline and how to respectfully encourage self-calming strategies. This meant that people were given the tools, where appropriate, to manage their own behaviours alongside supportive staff.

People’s privacy and dignity was maintained at all times. Staff were observed asking people their permission if we could enter their bedroom during the inspection. When speaking with people it was clear that this was something that regularly happened as opposed to occurring only on during the inspection. This meant that people’s privacy and dignity was respected consistently.

Staff had a clear understanding of the importance of maintaining people’s confidentiality. Staff told us, “We never talk about people to others, it’s not their business.” We observed staff speaking with the registered manager about one person and they ensured the office door was closed for the duration of the discussion. This meant that people were supported by staff who ensured their confidentiality was maintained and respected.

The service encouraged people to express their views in a positive and respectful manner. Staff told us, “It’s all about what they want, they tell us what they want and we try to make it happen.” We observed staff explaining to people what was happening so that they were fully involved in what was going on around them throughout the inspection. Staff were also observed using different techniques to ensure that people understood what was being said to them. By doing this people were then able to make informed decisions about the delivery of care they received.

People told us, “They [staff] help me but they let me do things for myself too.” Staff told us and people confirmed that they were encouraged to be as independent as possible, however staff were there to support if they found things difficult to do by themselves. We observed staff encouraging people to make choices for themselves and carry out tasks independently. This meant that people’s independence was encouraged and promoted by the service.

The registered manager told us that the service used an advocacy service to support people as and when the need arose. We looked at information the service held about advocacy services and how people could access these if they wished. This meant that people were given additional independent support when making decisions that directly affected them.

# Is the service responsive?

## Our findings

People told us that the service was responsive in meeting their needs. For example, one person told us, “I like to go shopping and the staff take me, they help me get the things I need.” Another person told us, “I go out when I want to, I don’t want to today”.

The service operated in a person centred manner. This meant that the care provided was specifically tailored to the needs of the person.

We looked at care plans and found that these were regularly reviewed and updated to reflect people’s changing needs. For example, one care plan we reviewed showed that the service had sought guidance and advice as a direct response to someone exhibiting behaviours that others found challenging. The registered manager carried out regular reviews of all care plans to ensure that staff had the most up-to-date, comprehensive information.

Care plans were detailed and contained specific information relating to people’s history, likes and dislikes, health care needs and other vital information such as history and diagnosis. Care plans were available for staff to access in the main office, so that they had access to the most up-to-date information. People were encouraged to participate in developing their care plans where possible. Care plans were reviewed by senior staff regularly and amended accordingly to reflect people’s changing needs. This meant that people were supported by staff who had up-to-date information.

Staff supported people to participate in a wide range of activities that they chose. For example, one person told us,

“I like to go shopping, they [staff] take me.” Another person stated, “I go out when I want to, sometimes I do and sometimes I don’t.” This showed that people were given the opportunity to participate in both in house and community based activities.

Staff told us, “We support people to make choices, sometimes they might not be able to tell us what they want but we know them well and can help them choose.” During the inspection we observed staff offering people choices and giving people sufficient time to make choices without feeling rushed into giving an answer. For example, we observed one person who was unable to verbally communicate being asked by staff what he wanted to do, and staff giving choices and reading his body language and hand signals to understand what it was he wanted. Staff were patient when awaiting a response and gave the person time to answer. This showed that people were supported by staff who encouraged them to make choices about the care they received and respected the choices they made.

People were aware of how to raise complaints or concerns. The service had posters in the main hall that showed how to raise a complaint about the service or care they received. The information highlighted who they could contact and what they can expect. Information was given in an easy read format so that all people living within the service had the correct details. Concerns and complaints were dealt with in a timely manner and where possible immediately. The registered manager told us that the service learnt from complaints and concerns raised by others to continually improve the service and minimise the risk of reoccurrence of the concern.

# Is the service well-led?

## Our findings

People told us they liked the registered manager. One person said, “[The registered manager] is nice, I like her.” Another person told us, “She talks to me and I talk to her.”

The registered manager said she had an open door policy. This meant that people, their relatives and staff could access her at any time for advice and guidance. During the inspection we saw several occasions of staff seeking advice on best practice. This meant that staff were supported by the registered manager.

Staff told us they enjoyed working at Beaulay Way and that they felt they could contribute to the running of the service and that their views were listened to and taken on board. One staff member told us, “I asked to go on a specific training programme and she [registered manager] got this authorised.” Another staff member told us, “I really like [the registered manager]. She’s honest and open and will help you if she can”.

The registered manager led an open and transparent service where staff took accountability and responsibility for their actions. The registered manager told us, “We learn from our mistakes, we are always learning and improving.”

We looked at records the service is legally obliged to maintain and found that these were clear and concise. Records were available for staff to access and were kept in a locked office to ensure people’s confidentiality was maintained and respected. Records that required reviewing such as care plans and risk assessments were done so in accordance with provider’s policy. We found that it was at

times difficult to locate some information in files as there was old paperwork filed in active files which could have been securely stored away making it easier for staff to access documents.

The registered manager carried out regular quality assurance questionnaires to gain feedback from people and their relatives about the quality of care provided. Feedback received was then shared with head office and a plan of action on addressing concerns raised was then put in place. We saw evidence of the plan of action and appropriate time scales to ensure that matters were addressed swiftly. The service also had a regular audit carried out by senior management and the area manager. This meant that people were living in a service that actively sought feedback and acted upon information in a timely manner.

Staff completed daily, weekly, monthly and yearly audits on various areas around the service. For example, kitchen food checks, maintenance, health and safety, fire safety, medicine and activities checks were undertaken to improve the quality of the service from an in-house perspective. This meant that people were living in a service that scrutinised their practices regularly and took action when required.

We reviewed files that showed the service actively sought partnership working with other organisations. For example, recorded evidence showed that the service had sought additional support in the form of positive behavioural management. By doing this the registered manager had gained greater guidance enabling staff to better manage people whose behaviours others find challenging.