

# New Outlook Housing Association Limited

## Albert Weedall Centre

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 5 July 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in January 2014 and was meeting all the regulations.

Albert Weedall Centre are registered to provide personal care. They provide domiciliary care to people who live in their own homes within the community. New Outlook Housing Association Limited are the registered providers of care at Albert Weedall Centre. From their offices at this location they also provide support to a further four locations. At this inspection we looked at the care and support they provide to people living in all of these projects. There were 56 people using this service at the time of our inspection.

At the time of this inspection there was no registered manager in post. 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. A newly recruited care manager was present during our inspection who advised us of their intentions to apply to become the registered manager.

People told us that they felt safe using this service. Staff described how they would keep people protected from potential harm and knew how to report allegations of poor practice. The service had effective systems in place to minimise risks to people and risk management plans contained detailed guidance for staff to follow. People told us that they received support from reliable staff. People who received support with their medicines were satisfied but improvement was needed to ensure this was done safely in line with safe medicine guidance and best practice.

Staff told us that they had the appropriate knowledge and skills to meet the needs of the people they were supporting. Staff we spoke with had a good understanding of the key principles of the Mental Capacity Act (2005). People told us that staff asked their consent before providing care and support. People spoke positively about the food that staff prepared for them. Staff worked with other professionals to ensure that people received the health care that they needed.

Positive and complimentary comments were received from people about the staff that supported them. People told us they made decisions about how they wanted their care provided. Staff were knowledgeable about people's likes and dislikes. Staff maintained people's privacy and dignity whilst supporting them to remain as independent as possible.

Personalised care plans were in place to enable staff to provide care the way that people preferred. Staff took the time to develop relationships with people they were supporting. People felt that they could speak with staff about their concerns or complaints and that they would be listened to.

People were happy about the quality of the service that was provided to them by the consistent team of staff employed. The provider consulted with people who used the services to find out their views on the care provided. There were good systems for audit and quality assurance to ensure safe and appropriate support to people.

## 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 told us they received reliable care from staff who supported them on a regular basis.

People's needs had been assessed and risks to their safety were identified and managed effectively by staff.

People told us they received their medicines as prescribed, but the service did not consistently follow safe and best practices.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver the care and support people preferred.

People told us staff asked their consent before providing any care tasks. Staff understood the principles of the Mental Capacity Act (2005)

People received effective care and support by staff that recognised them as individuals.

### Is the service caring?

Good ●

The service was caring.

Care staff were described as kind and respectful by people who used the service.

Staff formed positive relationships with people they supported through detailed knowledge of people's life histories and preferences.

People were supported to express their views about how they wanted their care planned.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement.

There was a complaints procedure in place. People told us they felt able to raise any concerns and complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and staff told us they felt able to approach the care manager and were listened to when they did.

The care manager had systems in place to assess and monitor the quality of the service.

# Albert Weedall Centre

## 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.

This inspection took place on 5 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. Before the inspection, the provider had 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 information was received when we requested it. We also spoke with service commissioners (who purchase care and support from this service on behalf of some people who use the service) to obtain their views. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with the operations manager, the care manager and five care staff. We spoke with seven people who used the service and six relatives of people. Following this inspection we spoke with four members of care staff.

We looked at some records including four people's care plans and medication administration records to see if people were receiving the care as planned. We sampled three staff files including the recruitment process. We sampled records about training plans, service user feedback and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

People and their relatives told us that they felt the support provided by the service was safe. A person we spoke with said, "I'm safe because staff know me." Staff we spoke with described different ways in which they practiced to ensure people were kept safe. One staff member told us, "I always have a quick look at the hoist and sling before I use them to check if they are safe to use."

People were safeguarded from the risk of abuse because there were good systems in place. Staff told us and records showed that they had received training in protecting people from abuse and what would constitute poor practice. A member of staff told us, "Any change of character or behaviours in the person I was supporting would concern me. I would contact my manager straight away and they would deal with it." We saw from records that safeguarding concerns were discussed with staff during staff meetings which demonstrated a culture of learning from mistakes and an open approach. The care manager understood their role and responsibilities with regard to safeguarding procedures and was aware of the procedures for raising any concerns.

The registered provider had assessed and recorded the risks associated with people's individual medical conditions as well as those relating to any risks associated with delivering people's care. We saw risk assessments were centred around the person to keep them safe whilst enabling them to have as much independence and choice as possible. A person we spoke with told us, "There are always two carers that come. I have to use a hoist and I always feel safe with the staff." One member of staff said, "Risk assessments weigh up risks and are there to ensure each task is safe for the person and for staff." There were supplies of personal protective equipment to ensure infection control risks were minimised. Staff and people told us that staff wore gloves and aprons at the appropriate times when providing care.

Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of emergency situations. The service operated an out of hours on call system so that people, their relatives and staff had access to advice and assistance when the office was closed.

Staff we spoke with told us they had undertaken training in emergency first aid. One staff member told us, "If I arrived at someone's home and they were injured, I would immediately contact the paramedics for help." All the staff we spoke with told us that they have a responsibility to report and record all accidents and incidents. We saw that accidents and incidents were analysed but they did not contain detailed outcomes to prevent the risk of them reoccurring.

People and their relatives spoke positively about the consistency of the care staff who supported them. One person told us, "I have the same team of staff coming in to help me." One relative of a person using the service told us, "Good, reliable team of girls. They never miss a call and are always punctual."

We received mixed comments from staff about staffing arrangements. One member of staff told us, "There are plenty of staff. I have enough time allocated to do my role properly without rushing the person I am supporting." Another staff member told us, "When staff ring in sick or are on leave agency staff are used. This does put pressure on the existing staff as we have to support them [agency staff]."

We spoke with the registered provider about our findings. The registered provider told us, "We don't have capacity at the moment to take on any more packages of care. We are currently recruiting for additional staff. We do appreciate that during staff absences and peak holiday times we do use agency staff, however, they are from the same company to ensure some continuity for people using our services. " They told us staffing levels were based on the number of people using the service and their dependency needs. We saw records to demonstrate that staff were providing care at the times that had been identified within people's care plans and that staffing levels had recently increased.

Staff told us and records confirmed that the service operated a safe and effective recruitment system which ensured the right staff were recruited to keep people safe. Staff we spoke with told us they had been asked to supply two references and complete a Disclosure and Barring (DBS) check before they started to work with people. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns.

People received their medicines as prescribed. One person told us, "Staff support me with my medicines and eye drops and I have no concerns." We saw care records contained details of the prescribed medicine and any side effects. Whilst staff we spoke with told us they were aware of how medicines should be administered we found that there were no medicine protocols in place for any medicines that had been prescribed for "use as needed" (PRN). This meant there was a risk that people might not receive the medicines that they needed or that they would be given them at the wrong times. We saw on another person's care plan that the person required prescribed cream to be applied but it did not identify where it was to be applied. The registered provider advised us that they were in the process of updating all PRN protocols and of their intentions to address issues identified following this inspection. The Provider Information Record told us that there had been three medicine errors identified during the past 12 months. The registered provider described what actions they had taken to ensure there was no reoccurrence of the mistakes made. The medicines were administered by staff who were trained to do so and who had received observational competency checks to ensure they were competent to administer medicines s



# Is the service effective?

## Our findings

People we spoke with told us that the staff were good at meeting their preferred and individual needs. A person we spoke with told us, "The staff have to use a hoist to support me. They certainly know what they are doing which reassures me." One relative we spoke with said, "Good care is provided by staff who know what they are doing. I would certainly recommend this agency."

The service ensured that staff received training regularly to enhance and support their care knowledge and skills. One staff member commented, "Training is continually provided here. I enjoy the on-line training." Some of the staff we spoke with told us that on-line training was not their preferred style of learning but it still equipped them to undertake their roles. From our discussions with staff and review of staff files we found staff had obtained suitable qualifications to meet the requirements of their roles. The registered provider kept records of when staff had completed training and when they were due for updates in training. Staff consistently told us their knowledge and learning was monitored through supervision meetings and unannounced 'observation checks' on their practice. Staff we spoke with told us they felt well supported to do their job and that they had plenty of opportunity to talk about their practice, raise any issues and ask for guidance.

Staff told us they had an induction when they first started working at the service. This included working alongside more experienced members of staff before supporting people on their own. One member of staff we spoke with told us, "My manager has been so supportive during my probation period. She has supported me with the completion of my induction booklet." The registered provider advised us that they had introduced the Care Certificate [a nationally recognised set of standards used for induction training of new staff] that should be completed for staff who are new to the care sector.

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 told us staff asked their permission before supporting them. One person using the service said, "Staff always ask me if it is okay to help me with my personal care." Another person told us, "Staff take the time to explain what they are doing and always ask my permission." Staff could describe the principles of the MCA and what this meant for people using the service. One staff member told us, "It protects people who can't make decisions and empowers others to support people to make decisions in their best interests."

People told us that staff always gave them choice with their meals and prepared meals to their individual preferences. One person told us, "I don't cook my meals. My daughter will cook and the staff warm it up. I have a soup at lunch time and then a meal later." We saw records demonstrated that staff had sought advice from relevant health professionals in relation to people's diets. Staff had the relevant information and could consistently describe people's dietary and nutritional needs which in addition was clearly documented within people's care plans.

Where people had specific health conditions health action plan records were in place and showed that staff communicated well with health professionals to ensure the well-being of people who used the service. People told us that staff helped them when they were not well. One person using the service told us, "Staff saw I was in a bit of trouble and they asked me if they could get a doctor out. I am now having the district nurse here to support me ". This meant that people who used the service were supported to obtain the health care they needed.

## Is the service caring?

### Our findings

Everyone we spoke with was complimentary about the quality of care and support from their consistent team of staff. One person using the service told us, "Staff are like family. I know them inside out and they know me. Staff know if something is wrong and they always ask if I am comfortable. The thing that is good about this service is staff are kind, caring and reliable. I love the staff to bits." We received less positive comments about some of the agency staff. We discussed our findings with the registered provider who advised us they would address the feedback received immediately.

We saw that staff employed by the service reflected the diversity and culture of the people they supported. The registered provider told us that they matched people where possible, with staff who understood their faith and were able to communicate in the person's preferred language. One relative we spoke with told us, "My [name of relative] has support from a member of staff who appreciates their religious beliefs and goes to the same place of worship." A member of staff we spoke with told us, "I support people from the same ethnicity as me. I am able to cook their foods as they like it."

People were supported by staff who knew them well. Staff could describe people's individual preferences and life histories. We saw care plans detailed people's needs and goals with person centred approaches. We saw people had signed to say they agreed with their assessment and plan of care. All the staff we spoke with spoke positively and warmly about the people they were supporting. A staff member told us, "We have to approach people in a person-centred and individual way. Not all people are the same and all have different needs."

People told us that they were empowered to make their own decisions about the care and support they needed and that they were involved in the planning of their care. A person using the service told us, "I value being able to make my own decisions and choices. Staff will bring me different items of clothing for me to choose what to wear on each day." Another person told us about the different times of their calls throughout the day and what tasks staff did at every call.

A number of people told us that they were supported to maintain their independence. One person commented, "Staff will put my tablets into a little pot for me and then I take them myself." A member of staff we spoke with told us, "I don't just go into people's homes and take over. I encourage people to do as much as they can and want to." Another member of staff described how they assist a person with meal preparation and said, "We work as a team. [Name of person] prepares all the potatoes and vegetables and then we cook together." We saw people's care plans reflected how people wanted to maintain their independence.

We received positive comments about how staff respect people's dignity and privacy. One person we spoke with told us, "The staff always knock the door before they come in." Another person told us, "Staff respect my privacy." Staff we spoke with understood what privacy and dignity meant in relation to supporting people. One staff member said, "We need to respect people's choices. For example if a person wants a female or a male carer." Another staff member told us, "It's okay knocking on someone's door, it's more

important to wait until they give you permission to enter."

## Is the service responsive?

### Our findings

The provider stated in the Provider Information Return (PIR) 'Our care and support plans are person centred which enables us to record specific needs and aspirations individuals may have on how best people want the service delivered and we noted this was reflective of the care plans we looked at. People told us that they had generally been given the opportunity to say which staff they wanted to be supported by. One person told us, "I met [name of staff] when the manager came to ask me what care I needed."

A person using the service told us, "I was involved in my care plan. All my notes are kept in my folder in my home. It tells staff everything about me." We saw that care plans were written from the point of view of the person receiving care. They were recorded in ways which ensured staff knew how to provide care in the way people wanted. For example, we saw specific guidance for staff stating, 'I don't like to be rushed', 'I don't like staff who are loud' and 'Let me use my urine bottle myself'. Whilst we saw that care plans had been regularly reviewed and updated in support of people's changing needs, some people had not always been involved or had contributed to the review process.

The registered provider had an established keyworker system in place. This involved identifying a designated staff member to support individual people and overseeing their care and support needs on a monthly basis. The keyworker spent time with people to seek feedback about the care they were receiving and to continually ensure the support was person centred. They also provided advice and guidance to other members of staff about the people they supported. People we spoke with spoke fondly of their 'keyworker' and described how much they enjoyed their special time together. Staff we spoke with equally valued this role. A staff member told us, "We get allocated time to fulfil this role. We really get the opportunity to build up our relationship."

People we spoke with told us that maintaining relationships with their families was important. One person we spoke with told us, "Staff are always respectful of my family members when they visit me". Another person who used the service told us, "Staff are kind to me and will do anything for me. The staff are nice to my family too." A member of staff we spoke with said, "Sometimes people only get to see us and they can get lonely. That's why it's good we have time to sit and chat." Some staff we spoke with gave several examples of how they supported people to keep in touch with people they wanted to, such as going out on visits into the community.

There was a complaints procedure in place. People who used the service told us if they had any concerns they would feel confident to raise them. One person told us, "If I was upset and cross I would speak with the Manager, but I have no complaints." Relatives we spoke with all told us they are able to raise any complaints or concerns and that they were responded to in a timely manner. We saw evidence that where people and their relatives had raised complaints and concerns these had been responded to and resolved. The complaints procedure was accessible and available in different formats to meet people's communication needs.

## Is the service well-led?

### Our findings

All the people we spoke with were happy to be supported by the service. The majority of people knew who the care manager was and told us that they were approachable. A person we spoke with told us, "[name of manager] is a very nice lady and is helpful and always smiling." Another person told us, "I am happy with the care I get." Relatives supported this and one relative said, "I like the manager. She listens and is responsive to what we ask of her."

We saw that people had the opportunity to give feedback about their experiences of the service including annual satisfaction surveys. Feedback from people who used the service was positive. The care manager advised us that they were in the process of also developing questionnaires for relatives. The registered provider told us that they submitted monthly reports to the director's board meetings and it was their intention to review these so they could be used to further develop and monitor improvements to the service.

The registered provider described the culture of the service as one which valued all staff and people who used the service and embraced diversity. One member of staff said, "I don't feel like just a number working here." The care manager told us that they 'have an open-door policy'. This was confirmed by the staff we spoke with. One staff member told us, "If I made a mistake, I would feel comfortable going to my manager." Staff we spoke with gave a good account of what they would do if they witnessed bad practice. The registered provider had a whistle blowing policy, which staff were aware of and a copy was available in the office.

There was no registered manager in post. The provider had recently appointed a care manager who was in the process of registering with The Care Quality Commission. The care manager was aware of their responsibilities in raising concerns about suspected abuse. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The care manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the care manager during our inspection showed that they had kept up to date with new developments, requirements and regulations in the care sector. The care manager told us that they were well supported by the provider and worked in partnership with the operations manager.

There was a clear leadership structure within the service. Staff we spoke with told us that they were happy in their jobs and felt supported by the management team. One member of staff told us, "I enjoy working here. We are enabled to care for people with a person centred approach." Several staff told us that they had concerns about some possible changes that they thought may be happening within the organisation. One member of staff told us, "We have heard about some forthcoming changes. We have some uncertainty." The registered provider advised us that they were aware of the concerns and had arranged an imminent staff meeting to address the issues. Staff we spoke with told us that the care manager had undertaken observational audits of how they provided care to people in the community to ensure that they were working in a safe and caring way. We saw staff meetings were conducted on a regular basis and that the service had developed a staff forum to enable staff to express their views and contribute to the improvement

of the service.

The care manager monitored the quality of the care provided by completing regular audits. We saw evidence that the audits were evaluated and created action plans for improvement, when this was needed. These were shared with the provider to ensure any shortfalls could be addressed. Checks on the environment, safety and people's medicines were evident.