Outlook Care

Outlook Care - Hulse Avenue

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

1a Hulse Avenue is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on 9 July 2015, the service was rated 'Good'. At this inspection on 18 December 2017, we found the service remained 'Good'.

1a Hulse Avenue is a five bedded care home for people with learning disabilities and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, there were five people using the service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

People continued to receive safe care. At our last inspection we made a recommendation for the provider to review their staffing levels to ensure that people were supported safely. At this inspection, we found the provider had made improvements to ensure there were enough staff on duty to support people safely.

Pre employment checks were carried out, which ensured that staff were suitable to work with people who needed support.

Systems were in place to ensure medicines were administered safely and when needed.

Equipment in the service was safe to use. They were maintained and serviced regularly. People lived in an environment that was clean, safe and suitable for their needs.

Staff knew how to keep people safe. Risks to them were identified and there was guidance in place for staff to minimise these risks. People were supported by staff who had received training to provide a safe and effective service.

People continued to be supported by experienced staff who received training and support to enable them to continue to provide an effective service.

People's nutritional needs were met. Staff worked with health and social care professionals, such as speech and language therapists and GPs, to ensure that people remained healthy and well.

The service was caring. Staff treated people with dignity and respect. They provided support to people at the end of their life that was caring, sensitive and respectful.

People were supported to have choice and remain as independent as possible. The service was compliant with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and relatives were involved in decisions about their care. They were able to provide feedback and make suggestions about what they wanted from the service.

People continued to receive care and support that was responsive to their needs. They were supported by caring staff who treated them with respect. Their privacy and dignity were maintained. We saw that staff supported people patiently and were attentive to their needs. They engaged with people in a kind and considerate manner, which helped to foster a positive atmosphere in the service.

People were able to engage in activities and social events that they enjoyed. They were able to provide feedback and make suggestions about what they wanted from the service.

The service continued to be well led. Since the last inspection, a new register manager had started to manage the service. They had implemented systems to ensure the service the quality of service was monitored regularly and there was a positive culture of improvement.

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. There were sufficient numbers of staff on duty to provide safe care to people.

Staff were aware of the steps to take to report any allegations of abuse.

Medicines were managed safely by staff and people received them on time.

There were safe recruitment procedures in place.

Any accidents or incidents were investigated and recorded and lessons were learnt to reduce any reoccurrence.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led.

Outlook Care - Hulse Avenue

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 18 December 2017. The inspection team consisted of one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR), which was submitted to us in June 2017. This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed relevant information that we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. Notifications inform the Care Quality Commission of important events in the service, such as safeguarding alerts, incidents, accidents or the death of a person using the service. We also reviewed previous reports and contacted the local authority to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people. We spoke with five staff and the registered manager. We also spoke briefly with two people who used the service, because most people were not always able to communicate with us, due to their disabilities. We spoke with three relatives during our inspection. We looked at all five people's care records and other records relating to the management of the service. This included five staff supervision and training files, duty rosters, accident and incidents, complaints, health and safety, quality monitoring and medicines records.

Good

Is the service safe?

Our findings

At our last inspection in July 2015, we made a recommendation about staffing levels because we found there was insufficient numbers of staff on duty to provide care to people. At this inspection, we saw that this issue had been addressed. Staff rotas showed that staffing levels were now sufficient to meet people's needs and to support them safely. The registered manager had made changes to the rota to allow for additional staffing to be provided after discussing the issue with local commissioners, who agreed to more staffing hours.

There were four staff on shift in the morning and in the afternoon. One person was provided with one to one support for some parts of each day, during the week. The service had a Team Leader who would supervise staff and manage the shifts. However, they were on leave on the day of our inspection and one staff member told us, in the team leader's absence, that they were the shift leader for the morning. The staff member told us, "Yes, we have enough staff to cover. We work well together." We observed staff being able to manage their tasks without feeling rushed or under pressure. The provider was able to provide cover for when staff were on annual leave or due to sickness by using bank staff who were familiar with the service and the needs of the people living there. This ensured there was enough staff throughout the day and night to ensure people received safe care.

People and their relatives told us the service was safe. One person said, "Yes I am safe." A relative told us, "Oh it is definitely safe. Really good. The people are protected from any harm." Another relative said, "I think there are enough staff. There are always staff available."

The provider's recruitment process ensured that staff were suitable to work with people who needed care and support. This included prospective staff completing application forms and providing references. The necessary pre-employment safety and background checks had been carried out before they began to work with people.

Care was planned and delivered in a way that ensured people's safety. We found that risks were identified and systems were put in place to minimise risk and to ensure people were supported as safely as possible. For example, one person's risk assessment stated that they needed the use of a wheelchair and staff were required to, "Ensure daily safety checks are carried out on the chair and it is positioned before supporting [person] to sit in chair." Other risks to people included the risk of choking when swallowing food. Risk assessments contained guidance on action staff should take if people choked on their food. We saw that speech and language therapy guidelines were also in place for staff to follow before providing people with food and drinks, who were at risk of choking.

Systems were in place to safeguard people who used the service. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the management team would deal with any concerns they raised. One member of staff said, "[Registered manager] is very helpful and supportive. They know what to do if we had concerns about people's safety or

any issues."

People's finances were managed safely by the provider, where they had legal authority to do so and protected them from the risk of financial abuse. The service held money on behalf of all people, securely. We saw that monies were counted during the day when there was a handover of staff to confirm that the amounts were correct. Records of people's purchase receipts and balances were held and we saw that they were accurate, following a check during the handover.

People were cared for in a safe environment. We saw records of gas, electrical, water and fire tests which showed that the premises was safe for people and staff. Staff were aware of the procedures to follow in an emergency, for example, in the event of a fire. Each person had a personal emergency evacuation plan detailing how to assist them in the event of an evacuation being necessary.

There were weekly health and safety checks and any harmful materials or liquids (COSHH) were stored securely in a locked cupboard. The kitchen area was clean and appropriately maintained with checks done by staff. Any perishable food was labelled and stored at the correct temperatures to ensure they remained fresh. Systems were in place to control or prevent the spread of infections. For example, staff had received infection control training and used protective equipment such as gloves and aprons when providing personal care. Equipment such as hoists and wheelchairs were regularly serviced and maintained as per the manufacturer's guidance.

There had not been any serious incidents since our last inspection. However, there was a procedure in place to review any accidents or incidents that occurred in the service. Any necessary action was taken and lessons were learned to prevent reoccurrence. Issues and concerns relating to incidents were discussed during staff meetings or supervisions when required.

People received their prescribed medicines safely and at the times they needed them. Medicines were administered by staff who had received training. We saw that Medicines Administration Records (MAR) were up to date and contained details of the medicines people had received at the prescribed times. One member of staff said, "We take the medicines from blister packs and put them in a cup or in the person's hand for them to take." A relative told us, "The staff make sure [family member] receives their medication at all times."

There were procedures in place for medicines that were to be administered when required (PRN), such as painkillers. Medicines were securely stored in cupboards within people's rooms. Checks were carried out daily by staff to ensure that medicine records were up to date and people had received their medicines on time. Where people's medicines were reviewed or changed, we saw the appropriate documents from the person's GP, to show this was approved.

Good

Is the service effective?

Our findings

People and relatives told us they were supported by staff who had received appropriate training and were able to meet their needs. A relative said, "They are very professional and experienced. Excellent." Another relative told us, "The staff are very good at what they do."

We found that staff were knowledgeable about people's individual care and support needs. We saw that staff had received training that was relevant to their role and in a number of key areas. Staff had continued to receive training in important topics to help them perform their roles effectively. A member of staff told us, "I have done my training. It was very good. Very helpful. I started a few months ago and had an induction." Training was in line with the Care Certificate standards. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time.

Staff told us that they received supervision from the registered manager. During supervision, staff were able to discuss any concerns they had, such as the health and safety of people in the service, training and personal development or any personal issues. They talked about the needs of the people and plans for activities. One member of staff said, "[Registered manager] provides us with good support." Staff shared information during handovers between shifts so that all staff were aware of any issues and what actions needed to be taken. This ensured people had continuity of care and meant that the staff team worked together to deliver effective care and support.

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 by the Court of Protection. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Systems were in place to ensure that people were not unlawfully deprived of their liberty. All people living in the service had a DoLS authorisation in place. The registered manager had made applications for the renewal of these before they were due to expire. They were aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. Staff had received MCA training and were clear that people had the right to make their own choices. We saw that staff asked people's consent before they carried out tasks and people or their relatives signed consent forms on their behalf.

People's human rights were protected and staff had received training in equality and diversity. This helped them be aware of people's preferences and backgrounds, such as their sexuality, religion or ethnicity. Staff treated people equally and as individuals, regardless of their race, age or gender.

People's needs were assessed before they started to use the service. The assessments included the support people would require and if the service was able to provide the support. Information was obtained from other care professionals, social workers and relatives. Assessments contained effective outcomes people wanted to achieve in line with social care guidelines. People's outcomes were divided into five areas of support which were "Being healthy", "Economic wellbeing", "Safety and security", "Social participation" and "Enjoying and achieving." They were supported in these areas by staff and each area was reviewed regularly.

We saw that there were appropriate transition arrangements in place for when people moved from or to another service. For example, one person had moved from one of the provider's other services in the local area. The registered manager, who also managed the other service, developed a personalised welcome guide for the person, which contained photographs of their new home. Information from the guide included that staff were required to, "Sit with [person] and view photographs in their folder and explain why we are supporting [person] to move to Hulse Avenue." This helped the person familiarise themselves with their new surroundings and help them settle in. The registered manager said, "We arranged for staff and residents from their previous home to come and visit [person]. This made [person] feel very happy here."

People were provided with a choice of suitably nutritious food and drink. There was a pictorial menu for people to easily choose what they wanted to eat. Menus were planned with all people involved, every Sunday. However, people were asked each day what they wanted for their breakfast and lunch, should their requests change.

People were supported to eat and drink healthy amounts during the day. We observed staff serving people lunch and saw that people were able to eat independently. When there were concerns about a person's weight or diet, we saw that advice was sought from the relevant healthcare professionals. People were supported to have meals that met their needs and preferences, including any special diets, such as soft and pureed diets. One person told us, "Yes, good food." A relative said, "The staff make sure people get the right food. My [family member] gets blended food which they need. [Family member] gets everything they want."

There was appropriate signage and adaptations around the premises, which was a large house in a residential area. People with mobility difficulties had enough space to get around. Adapted baths, showers and hoists were fitted for people to use safely.

People's healthcare needs were monitored and they were able to have appointments with health and social care professionals such as GPs, nurses and learning disability practitioners. Annual health checks took place for people to ensure they remained in good health. People were also referred to speech and language therapy specialists, where needed. There were records of appointments and the outcomes in people's care plans. A relative told us, "The staff call the doctor when [family member] is ill. They always look out for [family member]."

Good

Is the service caring?

Our findings

People and relatives told us staff treated them with dignity and respect and that they were caring. One person said, "Yes nice staff." Relatives were happy with the level of care received by their family members. One relative said, "Fantastic, couldn't fault them [staff]. Absolutely lovely people." Another relative told us, "They are so caring, I would recommend staying here. My [family member] loves it here."

We saw that staff supported people in a kind and gentle way. They were friendly and patient. Staff understood people's habits and daily routines and spent time with them. They explained what they were doing when assisting people and did not rush them. This helped people to relax and enjoy staff's company. A member of staff told us, "We love everyone here. It is not just a job for us. Some residents and staff have been here for many years. We are like a family."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, one person's care plan said, "I like to maintain the skills I have achieved and be introduced to new skills. I like to be actively involved when staff support me to wash and dress."

Staff ensured people's privacy was respected. They told us they closed doors and curtains when providing personal care. Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff treated personal information in confidence and adhered to the provider's data protection policies.

Relatives told us they were involved in developing and reviewing the care plans for their family members. A relative told us, "Yes we are involved and we are contacted all the time."

Any cultural and religious needs people had were identified and respected. For example, one person's care plan stated that, "'Sometimes a priest visits me and prays with me. I like this. I celebrate Christmas and Easter and like opening my gifts."

The registered manager knew how to access advocacy services, such as Voiceabilty, to enable people to air their views and to ensure their human rights were protected.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive and said that they were satisfied with the care their family members received. A relative told us, "The staff are friendly and keep us informed." Another relative said, "I can just contact the home to find any information or if I have a concern."

People received care and support that was person centred and met their individual needs. Each person had a care plan which contained information about their likes, dislikes and care needs in a document called "What is Important to Me." It contained a one page profile and a brief history of the person. One person's care plan stated, "It is important that I have my footballs around me when I am having recreational time. I like to roll my footballs and also go ten pin bowling to roll balls down the metal frame." This ensured people received a personalised service and staff responded to people's requests and needs.

We saw that care plans were reviewed each month and were updated when needed. Reviews also took place every six months and 12 months. There was a keyworker system in place, which meant people were allocated a member of staff, who took responsibility for arranging their care needs and preferences. We found that records of key work meetings were up to date. Changes to people's needs were communicated to staff at team meetings and handovers to enable them to respond to people's current needs.

People were encouraged to make choices and to engage in social and recreational activities. Each person had their own individual activity plan. We saw that staff and people had been on holidays, excursions and day trips together. There were photographs on display within the service which helped to foster a friendly, calm and relaxed atmosphere. People's rooms were personalised and they were able to choose particular colour schemes they wanted to help decorate the room.

The provider ensured people received information that they could understand in an easy to read format. For example, the information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. People were supported and encouraged to raise any issues they were not happy about and an easy to read complaints procedure was displayed. People and relatives were supported to raise any concerns or complaints. A relative told us, "I would speak to [registered manager] but I have no complaints. We saw that there had not been any complaints since our last inspection.

Staff told us they communicated with people using objects of reference, pictures and gestures. One staff member said, "We can understand people by their body language. Some of us can also use Makaton." Makaton is a language programme, using signs and symbols, designed to provide a means of communication to people who have speech and language disabilities. Staff were able to access Makaton training.

'Tenant' meetings took place and we saw that topics discussed included activities, complaints and personal safety. This helped people support each other and communicate with staff as a group. For example, we saw from tenant meetings that people in the service were able to discuss a person they knew, who had recently passed away.

The provider was able to respect people's wishes for end of life care. These were expressed by people in their care plans. Staff ensured people were comfortable and any pain was managed sensitively and carefully. When required, advice, training and support was provided to staff on pain management for those on end of life care by palliative care professionals. A relative who was visiting the staff and people in the service on the day of our inspection, told us that their family member had passed away in the service a year previously. They said, "The staff and [registered manager] were amazing. My [family member] was very ill but they understood how to look after [family member] and managed it sensitively and respectfully. They understood their needs better than we did. That's why we still visit everyone here and we can share our memories."

Good

Is the service well-led?

Our findings

There was a registered manager in post. They had started working in the service after our last inspection, following changes made by the provider. The registered manager was responsible for two other Outlook Care services in the local area that were of similar type to 1a Hulse Avenue. They told us they were able to manage this by communicating with all staff on a daily basis. They said, "It isn't a problem. Each service is about five minutes' drive apart. I ring each service every morning and I go to where I am most needed that day." Senior staff at Hulse Avenue kept the registered manager informed of any issues or concerns if they were not in the service that day.

Staff told us the service was well led and that the registered manager was friendly and approachable. They took part in staff meetings to discuss any concerns and issues. One staff member said, "[Registered manager] is good. He comes when needed and will sort out any problems. We have good team leaders here as well."

Relatives were positive about the management of the service. One relative said, "[Registered manager] is excellent. He looks after everyone." Compliments were received by the service from health professionals, visitors and relatives. One comment was, "The staff are very considerate and caring. There has been a great improvement since [registered manager] took over as manager." A relative had written, "Had a lovely day visiting [family member]. Always made very welcome." Another relative commented, "Hulse Avenue is the answer to our prayers! It is divine! It is all on one level, it is ideal for [family member]." We sought feedback from the local authority who placed people in the service and they told us that the service was, "Delivered in a consistent manner that respected and involved people who lived in the service."

There were clear management and reporting structures. The registered manager monitored the quality of the service provided to ensure people received the care and support they wanted. Monthly and quarterly audits were carried out to check all areas of the service, such as the environment, medicines and staff training. The registered manager was supported by a regional manager of Outlook Care who visited the service. Action plans were developed and completed when improvements were required, such as with record keeping or any health and safety hazards. This meant that there was a culture of continuous improvement in the service. People's opinions and feedback were actively sought and valued. Annual questionnaire surveys were sent to people and other stakeholders such as relatives. We looked at the results from the most recent survey and noted comments were positive.

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. The registered manager had recently piloted a scheme with the local health practice to help promote the needs of people with profound and multiple learning disabilities (PMLD). They said, "It is important we promote the fundamental rights, maintain relationships and encourage engagement of people. To listen and understanding the needs of PMLD and personalise their daily structure and know the importance of group activities."