Objective Care Limited

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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

The inspection took place on 23 February 2016 and was unannounced.

The last inspection of the service was on 16 June 2014, when we found no breaches of Regulation.

Objective Care Limited is a care home for up to eight adults who have mental health needs. People who live at the home, other stakeholders and the provider call the home West House. At the time of the inspection five people were living at the home, although one person was in hospital. The provider is also called Objective Care Limited. They are a small private company operating this care home only. The owner of the company was involved in the day to day running of the home and worked there alongside the staff and manager.

There was a 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 and associated Regulations about how the service is run.

The risks to people's safety had been assessed and there were individual plans to keep them safe.

People received the support they needed with their medicines.

There were enough staff on duty and there were procedures for the recruitment of suitable staff.
People were cared for by staff who were well supported and trained.

People had consented to their care and treatment. Where they were unable to give specific consent there had been agreements made in their best interest by the staff, the person's representative and other professionals.

People were given the support they needed to stay healthy.

People had a varied and nutritious diet and they liked the food at the service. People had good relationships with the staff and each other. There was a relaxed and caring atmosphere at the service.

People's privacy was respected and people's individual needs were met. They had been assessed and care had been planned to meet people's needs and reflect their preferences.

People took part in a range of individual and group activities.

There was an appropriate complaints procedure. People knew what to do if they had a complaint and they

felt they would be listened to and their concerns acted upon.

People felt the atmosphere at the service was inclusive, positive and supportive.

The manager had the skills and knowledge to run the service efficiently and to meet the aims and objectives of the provider.

There were systems in place to audit and check quality. These were followed and action had been taken where improvements were needed.

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.

The risks to people's safety had been assessed and there were individual plans to keep them safe.

People received the support they needed with their medicines.

There were enough staff on duty and there were procedures for the recruitment of suitable staff.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and trained.

People had consented to their care and treatment. Where they were unable to give specific consent there had been agreements made in their best interest by the staff, the person's representative and other professionals.

People were given the support they needed to stay healthy.

People had a varied and nutritious diet and they liked the food at the service.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff and each other. There was a relaxed and caring atmosphere at the service.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's individual needs were met. They had been assessed and care had been planned to meet people's needs and reflect their preferences.

People took part in a range of individual and group activities.

There was an appropriate complaints procedure. People knew what to do if they had a complaint and they felt these would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People felt the atmosphere at the service was inclusive, positive and supportive.

The manager had the skills and knowledge to run the service efficiently and to meet the aims and objectives of the provider.

There were systems in place to audit and check quality. These were followed and action had been taken where improvements were needed.

Objective Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 23 February 2016 and was unannounced.

The inspection visit was carried out by one inspector.

Before the inspection we looked at all the information we held about the provider, including the previous inspection report and notifications of significant events.

During the inspection visit we spoke with four of the people who lived at the service, one support worker, the registered manager and the provider. We observed how people were cared for and supported. We looked at records related to their care and treatment, including the care records for three people, records of accidents and incidents, meeting minutes, the recruitment, training and support records for five members of staff and at how medicines were managed. We also looked at the environment.

Following the inspection visit we spoke with one local authority care manager who was responsible for arranging people's placement at the service and ensuring they received the agreed care and treatment.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. They said they could speak with the manager, provider or staff if they had any concerns. They felt secure with the other people living there. The local authority care manager told us that people were kept safe at the service.

The provider had their own safeguarding procedure which included information about the local authority procedure. The staff had taken part in safeguarding adults training. The manager had notified the Care Quality Commission and local safeguarding authority about concerns with regards to the vulnerable people who lived at the service. There was evidence they had worked with other agencies to support people and investigate concerns.

People living at the service were supported to take risks but these had been assessed. There were detailed assessments regarding individual needs and risks to people's safety. For example, accessing the community independently and risks of self-harm or neglect. There was information for staff on how to reduce these risks. Risk assessments had been regularly reviewed and updated with the person they were related to.

People lived in a safe and well maintained environment. The provider carried out checks on the safety of the environment and these were recorded. There was a fire procedure and regular checks on fire safety equipment. People were involved in regular fire drills and they knew what to do in an emergency.

People told us they were happy with the support they received to take their medicines. They told us they understood what these were for and why they needed them.

People were supported to take their medicines as prescribed in a safe way. We observed one person being administered their medicines. The staff explained what they were doing and followed procedures to ensure the person had the correct dose of their medicines.

There was a medicine procedure and this was regularly reviewed and updated. The staff told us they had received training in administration of medicines and that the manager had assessed their competency in this. We saw records of staff training and observations of medicine administration.

All medicines were stored securely in an appropriate cabinet. There was a record of all medicines received and held at the home. The staff undertook weekly audits of medicines and recorded these. Each person had a record of their medicines administration. This included details if someone had refused or had not been able to take their medicines. Records were up to date and accurate.

There were enough staff employed at the service to meet people's needs. The manager and provider worked full time at the service alongside the staff offering support to people. People told us there were enough staff to meet their needs and they never had to wait for care or to speak with a member of staff. We saw that the staff were available throughout our visit and attended to people's needs and requests promptly.

The provider made sure staff employed were suitable to work with vulnerable people. The recruitment procedures included obtaining criminal record checks, three reference checks and checks on their ID and eligibility to work in the UK. We saw evidence of these checks and staff interviews in the staff records we looked at.

Good

Is the service effective?

Our findings

People told us they felt the staff had the skills they needed to support them. We observed the way in which people were supported. The staff were able to tell us about people's individual needs and how to meet these. They had a caring and professional manner with people.

The staff had the training and support they needed to work at the service. New staff were given an induction into the home, which included shadowing experienced staff and reading information about the service. They undertook a range of classroom based training, which included health and safety, safeguarding adults, the Mental Capacity Act 2005, food hygiene, medicines administration, basic life support and infection control. We saw records of this training and certificates evidencing the individual staff member's involvement. The training was updated as needed and we saw evidence of this. We spoke with one support worker who told us about the induction and training they had received. They said this had been very useful and had helped prepare them for the work. They told us the manager was very supportive and had explained everything about their role to them. The majority of staff had also received training in autism, dementia, challenging behaviour and other mental health needs. The staff told us that the healthcare professionals involved in supporting people had given them additional information and advice about specific mental health needs.

There was evidence of regular formal individual and team meetings with the manager. The individual meetings focussed on the staff member's wellbeing, their training needs, making sure they were aware of policies and procedures and also discussing their work and performance. The staff had signed a record of these meetings. We saw that each meeting consisted of a conversation where the staff member was able to raise their concerns or issues they wanted to speak about. There were also records of regular team meetings, where the needs of people who lived at the service were discussed. The support worker whom we spoke with told us they felt very supported. They said that the manager was available for informal discussions and support when they needed. The manager worked at the home full time and the provider also worked there. The support worker told us they felt able to approach either person if they were unsure about anything. We saw that the provider and manager had regular meetings to discuss the service and the manager's work.

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

There were no DoLS at the service at the time of the inspection. This was because everyone living there had capacity to make certain decisions about their care and treatment. With the exception of one person who was required to live at the service because there was a Community Treatment Order (CTO) for them in place. A CTO is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms

under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. We saw evidence of this CTO and why this was in place. There was evidence that the person, their next of kin and the provider had been consulted as part of the decision making process.

The manager told us that they were aware of the MCA and DoLS and we saw evidence that all the staff had received training about this. The manager explained that a person who had previously lived at the home had been restricted by a DoLS. They were able to tell us how they had made a best interest decision about the person's care and treatment and that they had applied and received authorisation to lawfully restrict the person.

People had been consulted about their care and treatment and had consented to this. We observed the staff offering people choices and asking them for their agreement when they provided care. For example, when one person was given their medicines the staff explained what these were and allowed the person to make a choice about whether they wished to take these.

We saw evidence that support plans, which outlined people's care and treatment, had been discussed with people. They had signed their consent to these and to other aspects of the terms and conditions of living at the service, including, the use of photographs, consultation with other professionals and for the staff to access their care files. Where people were unable to sign, we saw that this had been discussed with them and their next of kin. They had given consent for their next of kin to sign and decisions to be made in their best interest. Consent documentation was dated and regularly reviewed.

People were given the support they needed to stay healthy. Everyone living at the service had mental health needs. These had been assessed and there was detailed information about people's individual needs and the support they required. There was evidence of regular consultation with psychiatrists and other mental health practitioners. People's needs were regularly reviewed and they were involved in discussions about how these needs should be met. The staff, including the manager and provider, had training in different areas of mental health needs. They told us they had access to information about different conditions. There was no specific therapeutic support from staff at the service; however, people did have regular opportunities to meet individually with the staff to discuss their needs, the service and how they were feeling. These meetings were recorded.

The staff also supported people to meet their physical health care needs. Everyone was registered with a local GP and had access to other community health services, such as the optician and dentist. Their appointments with healthcare professionals were recorded and we saw that any actions, for example additional tests, were followed up by the staff. The staff carried out regular observations of people's health and general wellbeing, including their weight and blood pressure.

People told us they liked the food at the service. They said they were able to make choices and there was a good variety. We saw the staff offering people hot drinks and snacks throughout the day. They encouraged people to help themselves. We also heard the staff discussing lunch time choices with people. One person did not want the main menu choices so the staff member discussed alternatives. We saw lunch being served. The food was freshly prepared, looked and smelt appetising. The portion sizes were good and people said they enjoyed the food.

People's nutritional needs had been assessed as part of their general assessment when they moved to the service. No one had been assessed as at risk of malnutrition or weight related problems. Their individual preferences and likes had been recorded. The staff monitored their weight monthly to make sure changes

were identified. The service was well stocked with fresh food. There were detailed menus available in the communal areas. These offered choices and a variety of different meals. The provider carried out checks on food storage temperatures and the cleanliness of the kitchen and these were recorded.

Good

Is the service caring?

Our findings

People told us they had good relationships with the staff. Some of the things they told us were, ''The staff are fantastic'', ''the staff are all so caring'', ''it is very nice here and I am very happy'' and ''all the staff are great.'' The local authority care manager told us, ''There is a real family atmosphere at the service, they all seem to care for each other very much.''

We observed people being treated with kindness and respect. The staff on duty, including the provider, spoke with people in a caring, polite and respectful way. They offered people choices and asked for their opinions. They allowed people to take their time to make decisions. People told us they felt relaxed at the home and we saw this was the case. They told us they got along well with each other and supported each other. We saw that people were polite and respectful towards each other and offered mutual support and friendship. One person had moved to the home shortly before the inspection. They told us the others had helped them to feel ''at home'' and to settle in. Other people told us they had enjoyed making new people welcome.

People's privacy was respected. They told us the staff always knocked before entering their rooms and made sure they offered support in private. The manager and provider ensured that conversations about people's needs were conducted in the office or away from others. Each person had their own bedroom and they were able to lock this. People were provided with a key for the house so they could leave and return when they wanted.

People were supported to learn new skills and maintain independence. We saw that people were supported to take part in cooking, cleaning and carrying out their own laundry. They also used the shops and local community independently. Individual skills and abilities were recorded in their support plans and they had regular meetings with their keyworker and the manager to discuss these and to set objectives for improving these skills or learning new skills.

People told us they had good relationships with their families and they were supported to maintain these. There was evidence that families were involved in making decisions and in planning the support people needed.

People were supported to meet their cultural and religious needs. For example, some people attended places of worship regularly. There was information about local places of worship and a copy of the bible was available in the lounge for people who wanted to read this.

Good

Is the service responsive?

Our findings

People told us their needs were met. They felt involved in planning and reviewing their care. The local authority care manager we spoke with told us that they had been pleased with the care provided at the service. They told us they had seen how the service had met people's needs and had decided to place others at the home because of their confidence in the provider.

People living at the home had a variety of different mental health needs. They also needed support to gain confidence, to learn new skills and to safely live within a community. Some people living there had previously been detained or voluntarily based in hospitals because their mental health had become unstable and they were very ill. Some of the people had lived at the service for over a year. The manager told us that they had seen how these people had successfully adjusted to living in the community and had become more independent and confident. Other people had lived at the home for a few months and, in one case, a few weeks, at the time of the inspection. They were still being supported to adjust to life at the service. People told us they felt supported in this. One person said, ''(The manager) has helped me to settle in and I am getting used to things, it is all ok, everything is good.''

People's needs had been assessed before they moved to the service. The assessments included discussions with the person, their next of kin and other professionals involved in their care. The manager had created support plans which outlined individual needs and how the staff should support people to meet these. People had completed their own plan (sometimes with support) which outlined, ''Things I like to do, Things I do not like, What makes me Happy and What makes me sad.'' The information from these was included in the support plans to ensure people's views and feelings were represented. The support plans had an overall aim. For example, ''To maintain good mental and physical health, to function well in the community and to prevent readmission to hospital.'' There were individual plans about how to meet this aim, which included action by the person and by the staff or others. There was evidence that support plans were regularly reviewed and information from healthcare professionals had been included where needed.

People met with their keyworker or the manager regularly to discuss their needs and how they were feeling. This was recorded.

People told us they liked taking part in organised activities and also liked to organise their own time. Part of the support at the service was to encourage people to learn community skills and we saw that people travelled around the community on their own, used shops, clubs and other community facilities. Two people told us about this and said that they enjoyed it. People were also supported to learn cooking skills. One person told us that they really enjoyed this and enjoyed eating what they had cooked. There were also organised activities each day. Twice a week activities were offered to everyone at the service to participate in a communal game, quiz or other activity. There was a plan to show which activity would take place, however the staff told us that people generally chose what they wanted to do on the day and this worked well. Their participation and enjoyment of the activities were recorded. There was a box of resources, such as puzzles, games and colouring equipment which was available for people to help themselves to in the

lounge. The staff told us people enjoyed using these. There was also a weekly community discussion about different topics. This was designed to support people to talk about some of the issues which were important to them and to help them readjust to a more independent setting. Recent topics of discussion included, healthy eating, dental care and personal hygiene.

People told us they knew what to do if they had any concerns. They said they would speak with the manager or provider. They felt confident they were listened to and that their concerns were acted upon. There was a complaints procedure and this was displayed on a communal notice board. The provider had a record for all complaints and the action taken to investigate these, however there had not been any formal complaints at the time of our inspection.

Good

Is the service well-led?

Our findings

People told us they felt the service was well led. They said the manager and provider were always available and listened to them. They said they were consulted about the service and felt involved in their own care. People living at the service, the staff and the external professional we spoke with all referred to the ''Family atmosphere'' at the service.

There were regular meetings for the people who lived at the service to discuss general issues, for example, planning menus and activities, discussing changes to the service, general practices and house rules and how people were feeling.

The provider contacted people's relatives regularly to discuss people's needs (with their consent). They also asked relatives to complete satisfaction surveys about the service. We looked at a sample of these. The surveys asked people about the care at the service, quality and choices. They also asked if they had any suggestions for improvement. One of the comments we read from a recent survey stated, ''The most valuable asset is the staff who provide an excellent service.''

The staff told us they felt supported by the manager and provider. They said they felt the service was well-led. They told us they had learnt from the manager and this had helped them in their work. There were regular team meetings, a communication book and a handover of information each day to make sure the staff were well informed. The manager worked at the home most days and worked alongside all the staff at different times. The manager and provider both worked directly with people who used the service offering support and care.

The manager was appropriately experienced and qualified. They had managed the service since it was registered in 2013. They had undertaken management qualifications in care, along with other relevant training to equip them with the knowledge and skills to care for people with mental health needs.

The manager and provider regularly met to discuss the service and plan changes. Their discussions included how they evidenced that the service was safe, effective, caring, responsive and well-led. They demonstrated a good knowledge of the legal requirements for a registered service. There was evidence the provider and manager consulted other health and social care professionals and worked with them to enhance their knowledge and to look at ways to improve the service.

There were systems of audits and checks. These were carried out by the staff, manager or provider and included looking at all aspects of the service. The audits were recorded and where actions for improvement were identified there was evidence that these had been followed up. For example, where problems with the environment had been noted there was a plan for improvements. These included work to enhance the environment to meet the needs of individual people, for example, the provider had built an outdoor shelter for people who smoked reflecting their wishes.

Records were well organised, up to date and accurate.

Accidents and incidents were recorded. These included an analysis of what had happened and information about how to prevent or reduce the risk of these reoccurring.