

Outlook Care

Outlook Care - Dagenham Road

Inspection report

357a - 359 Dagenham Road
Rush Green
Romford
Essex
RM7 0XX

Tel: 02085955336

Website: www.outlookcare.org.uk

Date of inspection visit:
05 February 2019

Date of publication:
01 March 2019

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 the 5 February 2019 and was unannounced. At the previous inspection of the service in May 2016 we found no breaches of regulations and rated them as Good.

Outlook Care – Dagenham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides support to adults with mental health needs and is registered to support a maximum of eight people. Seven people were using the service at the time of inspection.

The service had a registered manager in place. 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.

Appropriate safeguarding procedures were in place. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed safely. Steps had been taken to help ensure the premises were safe.

Systems were in place to assess people's needs before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role and new staff undertook an induction training programme. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. The service protected people's right to confidentiality and sought to meet equality and diversity needs.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager and the working culture at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

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 remains safe.

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 - Dagenham Road

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 the 5 February 2019 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of serious incidents the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with five people who used the service and observed how staff interacted with people. We spoke with four staff; the registered manager and three support workers. We looked at three sets of records relating to people including care plans and risk assessments. We checked the medicines records of four people. We looked at how complaints had been recorded and addressed. We checked the quality assurance and monitoring systems that were in use.

Is the service safe?

Our findings

Systems were in place to help safeguard people from abuse. People told us they felt safe using the service, one person said, "I feel very safe because we have staff 24 hours. I don't feel worried here, I am very happy." Staff told us they had undertaken training about safeguarding adults and were aware of their responsibility to report any allegations of abuse. One staff member said, "Oh you report it immediately to the manager, you don't wait." The provider had sent us notifications of allegations of abuse that had occurred since our last inspection. This was in line with their legal responsibility to do so.

Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. We saw they were personalised around each individual and the specific risks they faced. Assessments covered risks associated with diabetes, smoking in bedrooms, choking, medicines and mental illness. The registered manager and staff told us they did not use any physical restraint when working with people.

People told us there were enough staff to meet their needs. One person said, "Staff are always around." Staff said there were enough staff working at the service and that they had enough time to carry out their duties. We observed there were sufficient staff on duty at the time of our inspection to support people. Staff told us that checks were carried out on them before they commenced working at the service. One staff member said, "They did checks on my status to work in the UK. I went to the interview. They did the DBS, references, everything was done." DBS stands for Disclosure and Barring Service and is a check to see if there are any reasons why a person should not be employed. This meant the service had taken steps to employ suitable people.

Medicines were stored securely in designated and locked medicines cabinets in each person's bedroom. People told us staff supported them to take their medicines, one person said, "I can't have the meds myself, they administer them to me, they always remember." We checked medicine records and found they were completed accurately and up to date. There was a record of each medicine to be given and staff signed after each administration. Guidelines were in place about when to administer medicines on a 'PRN' (as required) basis with the exception of one medicine for one person. The registered manager told us that should have been in place and they sent us an appropriate guideline about when to administer this medicine the day after our inspection.

The premises were visibly clean and free from offensive odour on the day of inspection. Staff told us they were expected to wear protective clothing when supporting people with personal care and we observed staff wearing gloves and aprons as appropriate. People told us they were expected to help with cleaning. One person showed us their bedroom in the morning and then again in the afternoon when they had cleaned it.

The registered manager told us that all accidents and incidents were recorded by staff and passed on to them for review. They told us lessons were learnt from accidents and incidents and gave an example of incidents linked to the way medicines were ordered and obtained.

Is the service effective?

Our findings

After receiving an initial referral, the registered manager told us they carried out an assessment of a person's needs to determine what they were and if the service could make those needs. They said on occasions they had not been able to accept a referral because the service was unsuitable for them. They told us the assessment process included discussions with the person themselves, their family where appropriate and relevant professionals in order to get a full picture of their needs. Records confirmed assessments were carried out.

Staff told us they undertook training to support them develop knowledge and skills. One staff member said, "The last training I had was lifting techniques, I get that every six months. I recently attended fire safety training." Staff also said they had regular one to one supervision meetings with their line manager. The registered manager told us that staff were expected to complete training the provider deemed as mandatory at regular intervals. They said this was monitored to make sure staff kept their training up to date. They also told us new staff were expected to complete the Care Certificate as part of their induction training. The Care Certificate is a training programme designed for staff who are new to working in the care sector.

People told us they liked the food and they were able to choose what they had. One person said, "We can help ourselves to tea anytime we like." They also told us they were able to cook food which helped to develop their daily living skills and independence. One person said, "On a Sunday we all plan what we want (to cook). My cooking day is Thursday." We observed one person helping themselves to a breakfast of their choice and we saw staff presenting different options to another person so they were able to make a choice.

People told us they had access to healthcare professionals. Some people told us they were able to arrange appointments themselves, others said staff provided support with this. One person said, "If I'm not feeling too good I tell the staff and they phone the GP." Records showed people had access to health care professionals including GP's, dentists, district nurses and community psychiatric nurses. We saw that one person was visited by a speech and language therapist on the day of inspection. The registered manager told us they had made the referral for this in response to the changing needs of the person around eating.

The service was built over two floors. Those people with issues related to their mobility had their bedrooms on the ground floor and communal areas were accessible to people, including the garden. Bathrooms and toilets had adaptations in place to help make them accessible to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied.

Where people lacked capacity, we saw the mental capacity assessments had been carried out and best interest's decisions taken. Where people had capacity, they told us they were able to make choices and

decisions for themselves and staff understood the importance of supporting people to make their own decisions where possible.

Is the service caring?

Our findings

People told us staff were caring and that they were treated in a kind and respectful manner. One person said, "It's a very good place to live, staff are lovely, we get well looked after. I am happy." The same person added, "Yeah, they are polite."

Care plans included information about people's past life history, their family and their likes and dislikes. This provided staff with information that helped them to get to know people. Staff told us they liked to spend time talking with people and we observed this happening throughout our inspection. We saw that people were relaxed and at ease in the company of staff.

Staff were aware of the importance of promoting people's dignity, privacy and choice and explained how they did this. One staff member told us, "I will always explain to them step by step what I am going to do (when providing support with personal care). I always ask them what they want." On promoting independence, the same staff member said, "I give them the sponge and they will wash their upper body and face."

The registered manager told us the service sought to meet people's needs in relation to equality, diversity and human rights issues. Care plans recorded if people had a preference about the gender of staff who supported them with personal care. People were supported to visit restaurants and other establishments that reflected their culture and various religious festivals were celebrated at the service. The registered manager said one person had a partner who they were free to visit when they wanted. They said no-one using the service at the time of inspection identified as LGBT but said if they did the service would not discriminate against them and seek to meet their support needs in this area. Records showed that people had successfully applied to be entered on the electoral register, thus promoting their human right to be able to vote in elections.

Confidentiality was respected at the service. Confidential records were stored securely on password protected computers and in locked filing cabinets. We observed that after we had finished looking at people's care plans staff locked them away immediately. Staff were aware they should not divulge information about people to others unless authorised to do so.

Each person had their own bedroom, some of which included ensuite facilities which helped to promote their privacy. Bedrooms had been personalised to people's individual tastes, for example with family photographs and items representative of their faith. People were provided with keys to their bedrooms and the front door. Unless they were subject to a Deprivation of Liberty Safeguard authorisation, people were free to come and go as they chose and we observed people going out independently throughout the course of our inspection. One person said, "You can go out when you like, come back when you like, not like an old people's home, we can do what we want."

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "Yeah, I can get help if I ask, they make time." Another person said, "Staff look after you, if you have any problems you can talk to them."

Care plans were in place for people. These set out how to meet people's assessed needs in a personalised manner based around the needs of the individual. They included information about the need, what action was required by who and when and what the planned outcome was. Care plans covered needs related to finances, medicines, being healthy, personal hygiene, safety and security, social and civic participation, daily living skills and mental health. Staff told us they had read care plans and demonstrated a good understanding of people's support needs.

People told us they were asked about their care plans and we saw that people had signed them to give consent to support being provided in line with the plan. One person said, "We have a care plan that I read and sign." Another person said, "I have a care plan of what they do and that." Care plans were subject to review which meant they were able to reflect people's needs as they changed over time. Daily records were also maintained which made it possible to monitor the care provided on an on-going basis was in line with people's care plans.

Care plans included information about supporting people to engage in activities. For example, the care plan for one person stated, "I want staff to encourage me to participate in indoor activities. I like playing cards and chess and want staff to do this with me." People told us they were able to take part in various activities, one person said, "I have been bowling and to the pictures." We observed staff supporting people with activities at the service during our inspection.

People were able to maintain links with friends and family and one person visited a relative on the day of inspection. We noted that one person was supported to attend a funeral of someone they knew on the day of our inspection.

People told us they knew who to complain to if needed. One person told us, "I would tell (registered manager) or (team leader) if anything was wrong. There was a staff member I didn't get on with, they had a big meeting and they moved them." We saw that a copy of the complaints procedure was on display in the communal area of the home which helped to make it accessible to people. The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. We looked at records of complaints made since our previous inspection and saw these had been dealt with in line with the procedure.

The registered manager told us no one was at the end of life stages of care at the time of our inspection.

Is the service well-led?

Our findings

The service had a registered manager in place. They were supported in the running of the service by a team leader. People were aware of who the registered manager was and spoke positively about them and the team leader. One person said, "They are a lovely person, I respect them so much (of the team leader)." They said of the register manager, "Oh they are lovely, they work so hard." Another person said of the registered manager, "They are nice a person."

Staff also spoke positively about the registered manager and other senior staff at the service. One staff member said of the registered manager, "Oh they are very good. If I have any issues I just go and approach them and they will help me." They added, "I don't have any problems here, we all work as a team. If anyone needs help we just go and help them."

The registered manager fostered an inclusive atmosphere at the service where people were involved in decision making. For example, on the day of inspection someone brought samples to choose the new floor covering in a bathroom that was soon to be refurbished. The registered manager asked if they could keep hold of the samples so they could consult people about their preference. A person who used the service told us, "They came here and showed us samples and we picked it (referring to new furniture for the lounge)."

Various quality assurance and monitoring systems were in place, some of these included seeing the views of people who used the service. People told us that residents meetings were held. One person said, "Every now and then we have a meeting with everybody. We talk about health and safety, we can talk about if there are any repairs we want done, if there is anything we are not happy with." Another person said of meetings, "They (staff) talk about the different chores, everybody is supposed to do cooking." A third person said, "Sometimes we have meetings, they ask how we have been." Staff meetings were also held. One staff member said of these, "We talk about everything, how are the residents, the fellow staff, the polices, all sorts of things."

The registered manager told us relevant people were surveyed to seek their views about the service. They told us, "We have surveys in place that are sent out or given to people. They are for people who live here, their relatives and external agencies. We do staff surveys as well. We do it to learn how we can better the service."

Various audits and checks were carried out. For example, medicine records and people's financial records were checked daily. The registered manager told us they conducted a quarterly audit of the service. Records confirmed this and that it covered areas including care plans, health and safety and the environment.

The registered manager had a good understanding of their legal responsibilities including about sending notifications of significant events to the Care Quality Commission (CQC). We noted that notifications had been sent to us as appropriate. We also noted that the current CQC rating was prominently displayed both at the service and on the providers website, which was in line with legislation.