

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 5 December 2017 and was unannounced.

At the last inspection took place on 23 February 2016 we rated the service Good. At this inspection on 5 December 2017 the service remained Good.

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 eight people were living at the home. 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 registered 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.

People who lived at the service were happy and had good relationships with the staff. They felt the service was caring and that the staff were kind, considerate and polite. People's representatives felt that the service was well run and that people had the support they needed to stay safe and well.

There were enough staff employed to keep people safe and meet their needs. They had the information, training and support they needed to care for people. They staff worked well as a team and communicated clearly with one another.

People were safely cared for. There were procedures designed to protect them from the risk of abuse, to safeguard them from spread of infections and to assess and mitigate risks to their safety and wellbeing. People received medicines in a safe way and as prescribed. The environment was safely maintained. There was evidence the staff had responded appropriately to incidents and accidents.

People's care needs had been assessed and planned for in line with current good proactive guidance. They had consented to their care and treatment and were involved in reviewing how their needs were being met. Each person had an individual care plan which told the staff how they needed to be cared for. There was evidence that these plans were followed and updated when people's needs changed. People received the support they needed to stay healthy and the staff worked closely with other healthcare professionals to meet people's needs. People had a choice of food and drink and their nutritional needs were monitored and met.

The registered manager was familiar with the needs of people living at the service and worked alongside the

care staff to meet these needs. People felt the service was well managed and they were able to speak with the registered manager and provider whenever they needed. Records were appropriately maintained and well organised. There were clear and well thought out policies and procedures and the staff were aware of these along with the visions and values of 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 was safe.

People felt safe and happy with the care they received.

There were procedures designed to safeguard people from the risk of abuse.

The risks to people's wellbeing had been assessed and planned for.

People lived in a safe and clean environment.

People received their medicines as prescribed.

There were enough staff to meet people's needs and keep them safe.

There were systems for reporting accidents and incidents and to learn from these.

Is the service effective?

Good ●

The service was effective.

People's needs and choices had been assessed in line with current good practice guidance.

People were supported by staff who were skilled, experienced and knowledgeable.

People lived in a suitable environment.

The provider was acting in accordance with the Mental Capacity Act 2005.

People were supported to stay healthy.

People were given a choice of nutritious food and drinks.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and compassionate staff who they liked and got on well with.

People's choices were respected and they were able to be as independent as they wanted.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided that met people's needs and reflected their preferences.

People knew how to make a complaint and felt able to do this if they needed.

Is the service well-led?

Good ●

The service was well-led.

There was a positive, inclusive and open culture at the service.

The provider had clear and robust systems for auditing the service.

People using the service and other stakeholders felt it was well-led.

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 5 December 2017 and was unannounced.

This comprehensive inspection was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the provider. This included the last inspection report, information we had received since the last inspection, such as notifications of incidents and other contact with the provider. The registered manager had completed a Provider Information Return (PIR) on 8 November 2017. The PIR 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.

During the inspection we met seven people who lived at the service. We also met the registered manager, two care workers the owner of the organisation and the regional manager. We looked at the care records for three people who lived at the service and records for the recruitment, training and support of three members of staff. In addition, we viewed other records the provider used for managing the service which included records of meetings and quality monitoring. As part of the inspection we looked at how medicines were stored, recorded and administered.

Is the service safe?

Our findings

People using the service felt safe there. They were relaxed when speaking with each other and staff. A relative of a person who used the service had sent an email in November 2017 in which they commented, "[Person] feels safe and secure in your care home."

The provider had procedures for safeguarding people from the risk of abuse. There was information about these available for the staff and people who lived at the service. The staff had received training in safeguarding adults and children. There were robust procedures for supporting people with their finances which included regular checks on the records and amounts of cash held on behalf of anyone.

The majority of people living at the service were able to access the community independently. People had agreed that they would inform staff and record in a book when they left and returned to the house. We saw people doing this and the staff had a good awareness of where people were and their plans for the day.

The risks to each individual had been assessed and planned for. The staff had recorded information about different risks associated with people's physical and mental health as well as risks associated with consumption of drugs and alcohol. People living at the home had a number of different mental health conditions and there was clear information about these for the staff so that they could identify when people were becoming unwell and at risk of self neglect, harming themselves or harming others. There were clear strategies for supporting each person with these areas. Risk assessments were regularly reviewed and updated with the person, their representatives and any healthcare professionals involved with their care.

The environment was safely maintained. The staff carried out regular checks on health and safety and infection control. Any problems were recorded and reported to the provider. We saw that the staff kept a record of these and action taken to put things right. There were up to date risk assessments for fire safety and regarding the building. People took part in regular fire drill evacuations. The most recent of these was in October 2017 and everyone involved had evacuated the building safely and independently. The service was equipped with window restricting devices and the staff checked these each month to make sure they were safely maintained.

There were appropriate procedures to prevent and control the spread of infection. Staff and people using the service were involved in cleaning tasks and we saw that the building was clean on the day of our inspection. There were procedures for the safe storage of equipment and cleaning products. The staff had received training about infection control. They were provided with personal protective equipment, such as gloves and aprons; and there were procedures for the use and disposal of these. We saw that infection prevention and control procedures were discussed at the most recent meetings for staff and people using the service in October 2017. People were involved in a discussion about good hand hygiene and personal hygiene as well as talking about use of equipment and cleanliness around the home.

There were enough staff to meet people's needs and keep them safe. There were no staffing vacancies.

There were at least two members of staff working during the day and one at night. In addition to care workers the registered manager worked alongside the other staff providing care and support. The owner of the company also provided support when needed, for example supporting people to go shopping or attend appointments.

The procedures for recruiting staff included a number of checks on their suitability. For example, the provider requested references from previous employers. The staff were required to complete application forms detailing a full employment history. The provider also made checks on their identity, eligibility to work in the United Kingdom and requested information from the Disclosure and Barring Service about any criminal records. We saw evidence of these checks in the staff files we viewed.

People received their medicines safely and as prescribed. The staff had received training in the safe handling of medicines. The registered manager assessed their competencies by observing them administering medicines. There were appropriate systems for ensuring medicines were safely stored, administered and recorded. We saw that the staff checked and recorded the receipt and disposal of medicines and kept accurate and up to date records of administration. These were checked by the registered manager. There were weekly tablet counts and audits of the medicines held at the service to make sure they were within date and the amounts of medicines had been accurately recorded.

The provider had a contingency plan and procedures for dealing with different emergency situations. Accidents and incidents were recorded and the registered manager assessed these so that any necessary changes to care plans, risk assessments or staff practice could be made. The provider had systems for capturing feedback from people using the service and other stakeholders so that they could learn if people wanted changes.

Is the service effective?

Our findings

The provider had made assessments of people's needs and choices before they moved to the service. The assessments were comprehensive and in line with good practice guidance. People had been involved in these assessments and their preferences were well evidenced. There was information about things, people and places which were important to the person along with clear information about their preferences for daily life, such as when they liked to get up and go to bed and food they liked or disliked. There was also more detailed information relating to their physical and mental well health, social needs and needs around personal care and life skills. The assessments were closely linked to plans for care and had been updated when people's needs changed.

People were cared for by staff who had the skills, knowledge and experience to deliver effective care and support. The provider ensured that staff who were recruited had the suitable skills and aptitude. The registered manager interviewed all potential staff and these interviews included assessments of their skills and knowledge. Following successful recruitment, the staff undertook an induction into the home, completing a work book to show their knowledge and learning. New members of staff were provided with a range of training which was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Further training was provided through computer based courses and classroom based training run by the local authority. We looked at a sample of staff files and saw that training was up to date and included a wide range of relevant learning.

There was good information for the staff about their work, including reference to nationally recognised guidance and legislation. Information was available in the service's office and we also saw that this guidance had been discussed in staff meetings. There were handovers of information between the staff each day, where they shared information about people using the service. These were recorded. The staff also used communication books and diaries to update each other with information they needed to know.

The staff took part in regular team and individual meetings with the registered manager and provider. These were recorded and we saw that the staff had opportunities to share their views and receive feedback about their performance. There were annual appraisals where the staff could discuss any career development they wanted or training they would like to undertake. Meeting minutes included information that all the staff felt positive about working at the service and felt supported.

The service was the only location for this provider and there was good communication within the company. The owner and the regional manager visited the service on a regular basis, took part in team meetings and spent time supporting the people using the service. This meant they had a good overview of the service and any changes which were needed.

The staff worked closely with social and healthcare professionals to meet people's needs. The care plans included detailed information about people's physical and mental health and the support they needed.

These were regularly reviewed and updated along with healthcare professionals. The provider has asked some external professionals to complete surveys about the service. The completed surveys all stated that the staff worked well to meet people's needs and followed the guidance of the professionals. There were records of healthcare appointments and we saw that the staff had followed up when people's health changed and they needed treatment or support. The registered manager told us they made sure people using the service were reminded regularly about upcoming healthcare appointments so they could prepare for these.

People lived in a suitable environment. They had their own bedrooms with en-suite facilities. People were able to personalise their rooms. Communal areas were well equipped with comfortable and suitable furniture and furnishings. The home was light, well ventilated and a suitable temperature. There was information for people about menu choices. The communal rooms included a supply of games, craft materials and Holy books for people to access when they wanted. At the time of our inspection people using the service had helped to decorate the home for Christmas.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People had been involved in planning their own care and they had consented to this. Records of their consent were in place. They had also been asked to consent to sharing of information with other professionals, administration of medicines, record keeping and photographs being taken. Where people lacked capacity the provider had discussed their care with representatives who had helped to make best interest decisions about their care and support.

The registered manager had applied for DoLS for two people who lacked the capacity to make certain decisions. These applications were being processed by the local authority at the time of the inspection.

People using the service were supported to have enough to eat and drink. They were able to help themselves to drinks and snacks. In addition there were set times tea and coffee where everyone could join together and have a chat over a drink. People using the service told us the food was very nice. The staff prepared main meals, although people told us they could help if they wanted. We heard people being offered a choice about what they wanted to lunch the day of our inspection. There was a set menu with two main choices, however people could also choose sandwiches, soup or other light meals. At a recent meeting for the people using the service, they were told about a new plan to offer an Asian meal alongside the traditional menu. People had responded positively to this and had said they would like this.

People's dietary needs were recorded in their care plans and they were weighed monthly. We saw that people had stable weights and there were no nutritional risks for people using the service at the time of our inspection.

Is the service caring?

Our findings

People using the service were treated with kindness, respect and compassion. They had positive relationships with the staff. One person told us, "The staff are very caring and supportive." Another person commented, "They look after me when I am scared."

We observed that all of the staff (including the registered manager and the owner) were kind and respectful towards people. They approached them in a calm and positive manner. They sat and chatted to people about things the person was interested in. They also offered guidance and reassurance when people needed this, offering to help find solutions to problems people had.

The people using the service had good relationships with each other and greeted each other fondly and happily. At 11am six of the eight people using the service sat together to share a hot drink and talk. They told us they enjoyed this time together each day.

Records we viewed included positive feedback from people using the service. At a recent meeting for people using the service the staff had recorded comments which included, "I have a choice" and "I get on well with all the staff and residents." Each person using the service had a key member of staff who helped to coordinate their care and support. They had regular meetings with this member of staff. One meeting shortly before our inspection included the comment from the person, "I really appreciate all the care. The staff are very caring and supportive." The provider had recently received feedback via emails from a number of relatives and external professionals. One of these included, "The staff have been very polite and helpful." Another person had written that the staff were, "all are extremely caring."

People were able to express their views and were actively involved in decisions about their care and support. When they first moved to the service they were supported to complete questionnaires about their preferences and choices. We saw information from these was incorporated into their care plans. People told us they were able to make choices about how they spent their time. Their preferences regarding when they received support and if they wanted specific gender care workers were recorded.

People's privacy and dignity were respected. The staff carried out discussions with people about their care in private. Information about people was stored securely. People were supported to do things for themselves and be independent if they wanted, for example, people were reminded about the importance of taking showers and baths, but did this independently. People were able to access the community independently if they wanted. Friends and families were welcomed at the service and were able to visit people at any times.

Is the service responsive?

Our findings

People's needs were planned for and they received personalised care which met these needs and reflected their preferences. Individual care plans were appropriately detailed and included information about people's choices and preferences. People were supported to recover from episodes where they had been mentally unwell and this had been recognised by others. For example, an external professional had written an email to the registered manager in November 2017 stating, "It was quite evidence that [person] has made such remarkable progress [since moving to the service]." The relative of another person had also written to the registered manager in November 2017 stating they wanted to "extend [their] gratitude for the help [the provider] has given [person] we are so glad to see significant improvements in [person's] health, behaviour and attitude." A second relative had written to the registered manager saying, "Thank you for all the continued care and assistance you are providing [person] on [their] healing journey."

The staff recorded the care and support they had provided each day. These records showed that care plans were followed and the staff worked closely with the person and other professionals involved to make sure their needs were met. Care plans had been updated when people's needs had changed. People met with their key member of staff each month to discuss how they felt their care and support was going. Their views were recorded and they agreed specific objectives which they wanted to work towards.

People were supported to participate in a range of organised activities. The registered manager told us that they had set activity time each day for group games, crafts and discussions. There were records of these and people's enjoyment and contribution. People were also able to help themselves to activity resources when they wanted. People told us they enjoyed the organised activities.

People told us they knew how to make a complaint or raise concerns about the service. This was confirmed in satisfaction surveys they had completed. People felt at ease talking with the registered manager and owner who both worked with them regularly and were accessible. There had not been any formal complaints at the service.

Is the service well-led?

Our findings

There was a positive culture at the service which was inclusive and resulted in good outcomes for people. The registered manager and owner worked alongside the staff to support people. The service had a family style atmosphere where people supported each other and were happy living there.

The provider had received five emails from different stakeholders in November 2017 and three emails from other stakeholders in the preceding months complimenting the service and thanking them. Some of the comments from these included, "I am very happy that [person] has been put into this particular home, [person] has been well looked after", "The care home is well organised and managed and it has never been any trouble to visit [my relative]", "Many thanks to [the registered manager] who has always assisted us and is always willing to give help and advice",

"I am writing to express my gratitude and satisfaction with the care and attention but more importantly the treatment [the registered manager] has given [my relative]", "[My relative] looked healthy and happy and I am very satisfied with the way in which [the registered manager] has helped [person]" and "The care home take the utmost care for the benefit of [person's] health and wellbeing both physically and mentally."

One relative had written to say that the registered manager had reassured them about an unwell person and had offered advice. They also wrote, "As always I got the impression that you had done your very best to find out if there was anything else worrying [my relative]."

The service ensured that people using the service were engaged and involved. There were regular meetings where they discussed the service and the way they felt. Comments from the most recent meeting included, "I am happy", "It is a nice warm house", "I loved the home cooked food", "I am living a good life here", "Staff are always there to help me" and "I am happy with everything."

People using the service, relatives, staff and other professionals had been asked to complete quality satisfaction surveys every six months. These all gave positive feedback in all areas. The staff had recorded that they felt good care was provided and they had the support they needed. People using the service had said that they felt happy and well cared for. Surveys completed by external professionals included the comments, "Excellent care provided" and "A warm environment and very welcoming place, the staff are very professional."

The provider had shared information about policies and procedures with the staff during team meetings. They had kept the staff informed about changes in legislation and guidance. Records were appropriately maintained and up to date.

The provider had systems for monitoring the quality of the service. These included checks on the environment, records, medicines management and people's experiences. The registered manager completed a monthly report for the provider which was comprehensive and included details about any accidents, incidents, complaints, changes in needs or changes to staffing. The owner and regional manager

regularly visited the service and offered guidance and support. The staff worked closely with other professionals involved in caring for people. These professionals had confirmed that the staff followed their advice and guidance.