Outlook Care

Outlook Care - Neave Crescent

Inspection report

74 Neave Crescent
Harold Hill
Romford
Essex
RM3 8HN

Tel: 01708346029
Website: www.outlookcare.org.uk

Date of inspection visit:
29 January 2018

Date of publication:
26 February 2018

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

We carried out this unannounced inspection of 74 Neave Crescent on 29 January 2018. At our last inspection on 22 October 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

74 Neave Crescent 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.

74 Neave Crescent is a ten 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 seven people using the service, including one person who was receiving respite care for a short period, who lived in a separate unit.

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.

At our last inspection, we made a recommendation for the provider to record how people with communication difficulties were supported to express their choices to staff in their everyday lives. At this inspection, we found the provider had taken action. They made improvements to care plans, which now detailed how best to communicate with people so that staff could understand their needs and preferences.

People continued to receive safe care. Risks to people were identified and there was guidance in place for staff to minimise these risks. There were safeguarding processes in place to protect people from abuse. Staff were aware of the whistleblowing policy and could approach other organisations if they had any concerns about the provider.

People were supported by staff who had received training to provide a safe and effective service.

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

Equipment in the service was maintained and serviced regularly. People lived in an environment that was safe and suitable for their needs.

Accidents or incidents were investigated and recorded. Lessons were learnt to minimise the risk of reoccurrence.

There were enough staff on duty to support people. Recruitment processes were safe, which ensured that staff were suitable to work with people who needed support.

People were supported to have choice and remain as independent as possible. The provider was compliant with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People and their relatives were involved in decisions about their care.
People's nutritional needs were met and they were supported with any specific dietary requirements they had.

Staff worked with health and social care professionals, such as speech and language therapists and GPs, to ensure that people remained healthy and well.

People continued to receive support from staff who were caring and which was responsive to their needs. They were supported by staff who treated them with respect and ensured they were given privacy and dignity in their lives.

We saw that staff supported people patiently and were attentive to their needs. People were able to engage in activities and social events that they enjoyed.

People and their relatives were able to provide feedback about the service and complete satisfaction surveys. There was a complaints procedure in place and all complaints were investigated by the management team.

The service continued to be well led. The management team ensured the quality of the service was monitored regularly. The registered manager worked well with other organisations to ensure people received the care and support they 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 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 was responsive. People received person centred care and their needs were assessed and reviewed regularly.

Staff and people were able to communicate with each other effectively, in order for people's needs and wishes to be met. People were encouraged to participate in activities and interests of their choice.

People and their relatives felt confident that complaints and concerns would be addressed by the management team.

Is the service well-led?

Good

The service remains well-led.

Outlook Care - Neave Crescent

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 29 January 2018. The inspection was carried out by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). 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 the information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. 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, a music therapist, the deputy manager and the registered manager. We also spoke with one person who used the service. We looked at six people's care plans and other records relating to the management of the service. This included five staff supervision and training files, staffing rotas, accident and incident records and procedures relating to complaints, health and safety, quality monitoring and medicine administration.

After the inspection, we spoke with two relatives of people who use the service, by telephone.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "Yes I am safe. Feel safe." A relative told us, "Yes a very safe place for [family member]. [Family member] is very happy and I am very happy."

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. One member of staff said, "If I saw signs of abuse towards a person, I report it to the manager straight away and follow safeguarding procedures." Whistleblowing procedures also enabled staff to contact external organisations if they had concerns about the provider or the service.

People's finances were held under the Court of Protection, which helped people make decisions on how their money is spent. The provider ensured that people were protected from the risk of financial abuse by keeping their money securely within the home. We observed that people's cash was counted accurately during the day, when there was a handover of staff.

Care was planned and delivered in a way that ensured people's safety. Any risks were identified and assessed. Systems were in place to minimise each risk and to ensure people were supported as safely as possible. For example, risk assessments contained guidance for staff when transferring people using a sling, if they were at risk of choking or of catching any infections.

Staff rotas showed that staffing levels were sufficient to meet people's needs and to support them safely. There were three staff on duty in the morning and three in the afternoon. The management team arranged for cover to be provided when regular staff were on annual leave or off sick. They used bank staff, who were familiar with the service and the needs of the people living there.

The provider's recruitment process ensured that staff were suitable to work with people who needed care and support. Criminal and background checks were carried out by the provider, before new staff began to work with people.

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. Staff ensured they checked that medicines had been administered and recorded during each shift handover. One member of staff said, "We work well with the pharmacy, who delivers the medication. We use blister packs and check them twice a day to make sure people have been given their medicines."

People were cared for in a safe and clean environment. We saw records of gas, water and fire tests which showed that the premises were safe for people and staff. There were records of regular health and safety checks. 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. The registered manager informed us of recent maintenance works that had been arranged with the owners of the building, to repair some areas of the premises including the roof and a person's bathroom. We saw that repair work was being carried out during the day.

There was a procedure in place to review any accidents or incidents that occurred in the service. We noted that there was one incident that had occurred since our last inspection and the provider took appropriate measures to ensure the person remained safe. Any necessary action was taken and lessons were learned to ensure correct procedures were followed. For example, the registered manager told us that following one incident, they did not contact both relatives of a person which led to miscommunication and misunderstandings. The registered manager said, "We know now not to assume all relatives will pass on information, particularly if they are not living together. It was a good lesson for us."

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. One person told us, "Yeah staff are really good." A relative told us, "The staff are very good. They know exactly what to do and are well trained. My [family member] gets looked after properly."

Staff had continued to receive training that was relevant to their role. Less experienced staff, who were new to social care, were able to complete the Care Certificate standards, which is a set of 15 standards and assessments for health and social support workers. Staff told us that they received supervision from the registered manager. During supervision, staff were able to discuss any concerns they had. One new member of staff said, "The team is fantastic. We get loads of help and support from everyone and the managers. We have regular supervisions where we can discuss anything, such as our personal life, how we feel and how the residents are doing."

People's health was checked by health and social care professionals such as GPs, nutritionists, speech and language therapists and learning disability practitioners. Care plans contained the contact details of the relevant professionals that the person usually had appointments with. We noted that staff had identified concerns about a person's weight in the past few months and we saw that advice was sought from their doctor. We saw the outcomes of appointments were recorded and that the person's weight had gradually improved in recent weeks. However, we found that monthly records of the person's weight were not always kept in their care plan. We addressed this with the registered manager who spoke with a member of staff. They told us that the staff member had made a separate record of entries of the person's weight but would ensure they were entered into the person's file.

People were provided with a choice of food and drink that was suitable for them. They were supported to have meals that met their nutritional needs and preferences, including any specific requirements such as soft or pureed diets. Where they required their food prepared in a certain way, this was provided by staff. One staff member said, "We have one resident who always likes the same meal everyday and we provide it for them because it is their choice." We saw that the person's meal choices were respected by staff.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that staff asked people's consent before they carried out tasks. Systems were in place to ensure that people's not unlawfully deprived of their liberty. All people living in the service had a DoLS in place. The registered manager had

made applications for the renewal of people's DoLS before they were due to expire. We saw records of best interest and capacity assessments for each person.

The service continued to provide a residential care service and a respite service for people to receive short term care, while their relatives took some time off from looking after them. People's needs were assessed before they started to use the service. Information was obtained from other care professionals and relatives. Assessments contained effective outcomes people wanted to achieve in line with social care guidelines. People's outcomes were identified and they were supported in these areas by staff and they were discussed during monthly reviews. Changes to people's needs were communicated to staff at team meetings and handovers to enable them to respond to people's current needs. Staff shared information so that all staff were aware of any issues and what actions needed to be taken.

There was appropriate signage and equipment around the home that suited people's needs, such as adapted baths, showers and mobility aids.

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, "Yeah really caring." One relative said, "Yes they [staff] are wonderful. The staff are so caring. They don't get enough credit for what they do."

There was calm and relaxed atmosphere in the home and people received care and support that met their individual needs. We saw that staff supported people in a gentle and patient manner. They understood people's habits and daily routines. When spending time with people or assisting them, staff explained what they were doing when and did not rush them. This helped people to relax and enjoy staff's company. Staff responded promptly to people when they required assistance. During a staff handover meeting, we heard a person's buzzer sound and two staff left the meeting to attend to the person. A member of staff told us, "It's lovely here. Everyone is so nice. There are plenty of activities for people and we make sure they have choice and independence."

People were encouraged to remain as independent as possible and to voice their opinions as much as they could. For example, one person's care plan said, "I try and maintain my independence as much as I can. I like my own company and be on the periphery of social groups. Respect my privacy." Staff ensured people's privacy was respected and one member of staff told us, "I knock on the person's door if it is closed before I go in. When giving personal care we close their door."

Relatives told us they were involved in developing and reviewing the care plans for their family members. They attended annual review meetings with the staff to discuss their loved one's progress and any changes to their needs. A relative told us, "I am very involved in [family member's] care. The staff all know me and I know them. They contact me and keep me updated. I attend appointments with [family member] and staff when I can."

Any cultural and religious needs people had were identified and respected. For example, people were supported by staff to practice their religion, such as attend local church services. Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff told us they made sure people's personal information was not shared with anyone else and adhered to the provider's data protection policies.

The registered manager knew how to access advocacy services, to enable people to air their views and to ensure their human rights were protected. 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, disability or sexuality. People's care plans identified if they had any particular personal requirements in relation to their sexual preferences. The registered manager said, "All of our residents are treated with complete respect. We are like family here. There's no discrimination."

Good

Is the service responsive?

Our findings

People and their relatives told us they were satisfied with the care they received. A relative told us, "Absolutely. They respond to any needs or concerns. They update me all the time and I can visit whenever I want. My [family member] receives excellent care." One person told us, "Yes the staff listen to me. [Staff] know what I want."

At our last inspection in October 2015, we made a recommendation that people with communication difficulties are supported to express themselves. This was because we found that the service provider did not always record how people with communication difficulties were supported to express their choices to staff in their everyday lives. At this inspection, we saw that this was addressed. People's care plans now contained details for staff on how best to communicate with each person in order for them to understand their 'needs and wishes.' For example, for one person, their care plan stated that staff should "watch my demeanour and gestures." Another person's care plan informed staff that, "If I am making a crunchy noise, it means I am angry or frustrated."

Care plans also detailed other signals people used, such as touching, pulling and noises which helped them communicate with staff what they wished to do or say. Staff we spoke with were able to tell us how they understood what people were telling them. They told us they communicated with people using objects of reference, pictures and gestures. One staff member said, "We have known our residents for a long time and we know how to speak with those who are non-verbal so we can understand what they want. We use signs, touch, flash cards and pictures."

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 and staff used the meetings to communicate with people in more depth, so that they could identify all their thoughts and feelings. They used the communication tools during the session to help with this. Meetings with all people in the home took place, which enabled them to provide any feedback or requests to staff.

We spoke with a music therapist who visited people on Mondays and provided them with an hour of music and sound activities. They told us, "The home is excellent, one of the best. I have found that the staff really understand the residents very well. I understand the residents very well. I know their backgrounds and what type of music they like to play and listen to."

The provider also ensured people received information that they could understand. For example, there was an easy to read complaints guide that was available and visible for people to see. People and relatives were supported with any concerns or complaints they raised. A relative told us, "I would speak to the [registered manager] or deputy manager and they would act straight away. I even tell them off when I need to but they always listen." We noted that all formal complaints were acknowledged and addressed by the registered manager. People and relatives were notified of investigations and we saw that they were satisfied with the outcomes.

People were encouraged to engage in other social and recreational activities. A weekly activity plan was on display and included daily activities for each person, such as knitting, sensory relaxation, watering the garden and puzzles. Person centred care plans contained details of the person's needs, preferences and wishes. They were discussed with the person and their relatives. Care plans contained a detailed profile on the person's interests and preferences. We saw that care plans were reviewed each month and were updated when needed. This ensured people received a personalised service and staff responded to people's requests and needs.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also responsible for managing another Outlook Care service. They were supported by the deputy manager who provided oversight of the service in the registered manager's absence. Staff told us the service was well led and that the registered manager was friendly and approachable. One staff member said, "Both managers are really nice and helpful. We can approach them about anything." The deputy manager said, "We work well together and I update [registered manager] when he is not here." The registered manager said, "We have an 'open door' culture here and the staff are very committed to looking after our residents."

People and relatives were positive about the management of the service. One relative said, "Neave Crescent is a blueprint for how a care home should be run. It is fantastic. I couldn't fault it. I am so pleased my [family member] has a place there."

People and relatives' opinions and feedback were obtained through annual surveys. We looked at the results from the most recent survey and saw that comments were positive. The home received compliments and thank you cards. We saw that one person had written, "Thank you for your help and kindness." A relative's compliment was, "The management and staff showed kindness and care to [family member]. Thank you for letting me visit [family member] every day."

The home worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. A social care professional who regularly visited the service told us, "This is the best home I go to. The two managers are really good. They work together well and have different qualities." The home was well known in the local community because of its respite service and we noted that people and their relatives looked forward to returning to use the service. One person who lived in the respite unit told us, "I always come back here. I like it here."

Monthly staff meetings took place, which enabled the management team to share important information, such as updates on security, people's activities and medicines. Staff were also able to discuss issues or concerns about people in the service.

There were clear management and quality assurance structures in place. 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 medicines, health and safety, risk assessments and actions taken following any incidents. Themed audits took place every quarter where a particular area was focussed on to ensure the service was complying with health and social care regulations. For example, there were checks that the home continued to 'drive up quality' by assessing how support was person centred and that people were able to live an 'ordinary, meaningful and a good quality of life.'

The registered manager was supported by a regional manager of Outlook Care who visited the service and carried out observations and discussions with people, staff and relatives. The provider had established technology within the service, including a recently installed call monitor that was linked to the registered

manager's office. It enabled the registered manager to see when a person had called for assistance and that a staff member had attended to them. This meant people continued to receive a service that met their needs promptly.