Outlook Care

Outlook Care - Maplestead Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 service provides residential care for up to six adults with mental health needs. At the time of our inspection there were four people receiving care. The service was last inspected in November 2013 and was found to be fully compliant at that time.

There is currently a registered manager. 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.

The service had processes in place for staff to guide them to safeguard and protect people from abuse. Staff demonstrated their awareness of the signs of abuse and the actions they would take to escalate an allegation of abuse. People's risk assessments identified their needs and the management of them by staff. Risk management plans in place gave guidance to staff to reduce their recurrence, while encouraging safe, positive risk taking for people.

Medicines were not always managed safely and in line with policy.

There were sufficient numbers of staff to meet people's care needs. Staff appraisal, training, and supervision supported them in their role. Staff understood best practice guidance and training used and implemented both to meet the needs of people. The registered manager supported staff so that they were effective in their role to care for people and deliver quality care.

The registered manager had an understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had an awareness of people's nutritional needs for the maintenance of their health. The service provided meals in order to meet people's preferences and people were involved in making choices about what they wanted to eat.

People had access to health care services to meet their needs and professional guidance was implemented to maintain their health.

Staff knew people well and understood their likes and dislikes. People were involved in making decisions about how they received care. Care and support delivered to people centred on their individual needs, preferences, and choices. Staff provided care and support to people in a way which respected their dignity and privacy.

The service had a complaints procedure in place. People and their relatives were aware of how to raise a complaint and make a comment about the service if they wished.

The registered manager demonstrated clear leadership and established a positive culture within the staff team. Staff were motivated to provide good quality care, and applied best practice to help improve people's lives.

The registered manager monitored, and reviewed the service to improve the quality of care to people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were not consistently being recorded effectively or safely.

Staff were knowledgeable about what safeguarding was and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Staffing levels were suitable to meet people's needs.

Recruitment records showed that there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective. Staff had the relevant skills, undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to applying for Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet and were involved in decisions about food and nutrition.

People had regular access to health care professionals as appropriate.

Is the service caring?

Good

The service was caring. People and their relatives told us that they were happy with the service.

People were treated with dignity and respect.

People were relaxed and at ease in the company of staff.

Is the service responsive?

Good

The service was responsive. People were able to contribute to the planning of their care.

People's views and wishes were identified and responded to.

People's concerns and complaints were encouraged and listened to.

Is the service well-led?

Good

The service was well-led and the registered manager created an environment where people received a safe service.

Regular monitoring and review of the service took place and actions implemented to drive improvements.

The registered manager involved people and staff in the development of the service with regular meetings.

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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.

Before our inspection we reviewed the information we held about the service. We contacted the local authority contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

This inspection took place on the 18th February 2016 and was unannounced. The inspection team consisted of two inspectors. We spoke with four people living at the home, two care workers, the team leader and the registered manager. We observed care and support in communal areas and also looked at some people's bedrooms with their permission. We looked at four care files, three staff files, a range of audits, complaints folder, minutes for various meetings, staff training records, accidents and incidents book, safeguarding folder, activities timetables, four medicine records, health and safety folder, food menus, and the policies and procedures for the home.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. A member of staff and the registered manager showed us the daily checks completed for medicines which included the process of counting and recording quantities after each administration. We saw that medicines were administered and recorded effectively for the majority of people using the service, however when we looked at PRN medicines (medicines that are taken on an 'as required' basis) we saw that for one person, these were not being recorded accurately. The administration of this PRN medicine was being recorded on a separate sheet of paper as well as a MAR sheet (Medication Administration Record) however, we found the dates on these documents were not consistent with when the medicine was administrated. It was therefore not clear when the person had taken this medication. The member of staff using this inconsistent method told us that the separate sheet was the accurate record for when the medication was given and that they were marking the MAR sheet in the incorrect place to avoid having to print off more MAR sheet pages. The registered manager confirmed that this was an unsafe method and printed off a new MAR sheet to reflect the correct dates of administration. They also discussed the issue with all of the staff present on the day of inspection and told them that this method was not to be used.

We found that the inconsistent recording of PRN medicines was not in line with the service's PRN policy which stated, "If a medicine has been prescribed "as required" (PRN) the time and date this is given must be recorded on the MAR sheet and effect of the PRN recorded in person's support plan". This meant the provider could not be sure that people consistently received their medicines as prescribed and when they needed them.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective arrangements in place for the safe administration of medicines.

Medicines were stored securely in people's rooms in storage cupboards that were locked. Three out of the four people using the service required support with their medication.

Staff told us that they had attended training courses in safeguarding and were able to identify different types of abuse. They were aware of their responsibility to report any allegations of abuse. One member of staff stated "we have a procedure to follow, if I need to raise safeguarding, I will do it myself, I will go through to the safeguarding team." The registered manager told us the actions they would take to report abuse, advising that they had a "duty to report to the safeguarding team and the CQC".. The registered manager had sent us notifications for safeguarding incidents and we saw that they had dealt with any incidents accordingly. This meant that the service were aware of their responsibilities in reporting any potential safeguarding and incidents so that CQC was able to monitor safeguarding issues effectively.

We saw that policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. Accident and incident

policies were shown to us and how to raise alerts was clearly documented in the relevant policies. We also looked at policies such as the positive behavioural management policy, infection control, recruitment and medications.

Individual risk assessments were in place for people using the service and provided guidance to mitigate the identified risks as well as balancing safety with supporting people to be independent. For example, one person was at risk of choking. Their risk assessment stated "when [person using the service] is rushing [their] food staff need to encourage and let [them] know the reason why [they] should slow down to avoid choking.". Risk assessments were person centred and based around the individual person's needs and provided solutions if the risk occurred.

One person was at risk of agitation whilst out in the community and various solutions were listed in their risk assessment, for example "where staff observe that [person using the service] is starting to become agitated, suggest to [them] about getting something to eat as [they] normally responds quite well to this". Solution based methods for managing people's risks were seen in people's care plans and were in line with the service's positive behavioural management policy which stated "restraint is not used, ensuring that positive outcomes are maintained to keep both staff and people at the service safe". Staff told us that this method worked well in managing people's behaviours, without the use of restraint.

Other assessments included risks associated with smoking, mental health, medication and personal care. Risk assessment processes were effective at keeping people safe from avoidable harm.

Staff told us that they thought staffing levels were suitable and that they had enough time to support people using the service. One member of staff said, "We have enough but we use bank staff. It has never been an issue. I will book extra staff, it's no problem". During the course of the inspection we observed staff supporting people in a relaxed and leisurely way. We saw that one person was supported to go out into the community and that there were enough staff left at the service to support those not going out. We observed a shift handover and saw that staff waited until handover was completed before leaving.

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

The premises were well maintained. Senior staff had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

The registered manager explained that they were the person on call 'after hours' and that they were reachable at any time. She told us that she has only had to visit the service on an 'on call' basis twice in the past year.

Good

Is the service effective?

Our findings

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions, both e-learning and practical. Training completed included support planning and risk assessment, health and safety, administering of medicines, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food safety, first aid, moving and handling, mental health awareness, equality and diversity and the organisations core values. One staff member told us, "Training has been a good thing. Has been helpful."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision is useful. The team leader will ask me if I have any issues." Recorded supervision topics included discussion on the residents, training, health and safety, medicines and key working. Records showed that appraisals were completed annually.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found the service had written information on the MCA so that staff were provided with important information to uphold people's rights. Mental capacity assessments were recorded in people's care plans for example in relation to their finances and medication. Staff told us that they obtained the consent of people using the service and this was documented in people's care plans. For example, one care plan stated, "staff will knock on door, wait for response, and when asked to go in, will go into bedroom to support with admin of meds".

The registered manager advised us at the inspection that they would be making a DoLS application to the local authority in relation to two people using the service. Since the inspection, the registered manager has confirmed that the applications were made and that they were waiting for authorisation. This showed that they had understanding of the DoLS principles and how to put them into practice.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. People also said they were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently. One person told us, "The food is good. The menu is changed once a week." Another person said, "The food is alright." We saw people had access to fruit and drinks throughout our inspection. Staff told us and we saw records that people planned their food menu weekly. The weekly menu was available in the kitchen. We saw the menu included traditional foods that reflected the cultural and ethnic backgrounds of people that used the service. The service was aware of people's health

conditions, so people with diabetes and other health conditions were provided with appropriate food to manage these conditions effectively and helped them to maintain good health.

People using the service were supported to maintain their health needs and had access to healthcare services. We saw that people's care plans included details about their recent appointments to their GP, CPN (Community Psychiatric Nurse), optician, as well as records showing regular blood tests, medication reviews and social worker visits. These documents were categorised in date order and future appointments were documented in care plans and the 'house diary'.

Good

Is the service caring?

Our findings

People using the service told us that they liked living in the home. One person said "It's alright. I like it. I like the place. Feels like home". Another person using the service told us "It's nice. The staff are nice". They also said, "Yes they are caring. They help you out with problems".

Another person using the service also spoke to us about the staff. They said, "Staff are alright." When asked if there were enough staff on hand, they said "Yes, quite a number of staff."

People using the service told us that they were treated with dignity and respect. For example one person said, "yes they do" when asked whether they were treated with dignity and respect. This person also told us that they were involved in their care planning, stating, "We have talked about the care plan." Staff told us that they treated people using the service with respect. One member of staff stated "everybody is an individual. I treat people how I want my family treated." When carrying out personal care for example, they told us that they ensure that the "door is closed" to promote that person's privacy and dignity.

Care plans showed that the service sought to promote people's independence. For example, the care plan for one person stated that it was important for them to visit their relative on a regular basis and it detailed how the support would be provided for this to happen. Another care plan included information about what staff needed to do to provide support with laundry and chores and what the person was able to do independently.

Staff told us about the people using the service in a personalised way. They told us about their likes and dislikes as well as their routines, which we saw reflected in people's care plans. One member of staff explained how they gave people using the service choices stating, "We give them opportunity to make a decision." For example, this staff member said that there was no fixed time for everyone to go to bed, explaining that "They can sleep at any time."

We saw people's bedrooms with their permission and we noted that they were homely and personalised to the tastes of the individual. Rooms contained personal possessions such as photographs.

During the course of our inspection we observed how staff interacted with people in a friendly and respectful manner. People were relaxed and at ease in the company of staff.

We were shown a 'thank you' card that was sent to the service from a relative who stated "Thank you for all that you do. [Person using the service] often tells me how happy he is there. Thank you too for all that you do with regard to hospital visits. I just want you to know how much you are all appreciated."

Good

Is the service responsive?

Our findings

Care plans were in place for people using the service and we saw that people were involved in the development of their care plans, for example one person had a "two hourly smoking plan" which they developed with staff to meet their needs around smoking cigarettes. This was developed in the format of a 'one page customer profile' and included details about how cigarettes would be purchased and that having a cigarette every two hours was important to them. In addition, there was information about accessing the local shop, the pub and support with attending medical appointments. This showed that the service was active in meeting people's personal preferences and needs and involved them in the planning of their care.

We saw that care plans had reference to people's wishes to follow certain aspirations, for example one person attended college and was taking part in a floristry course. Another person's care plan contained details about their desire to visit the local pub and how they informed staff when they would be going there. This person said, "I come and go. I have a beer every day. We go out now and then for a meal and weekends away." We saw that this was reflected in their care plan and that they had corresponding risk assessments in place. We also saw that people's wishes and preferences were documented in their daily log books, for example going to the pub or requesting to have a cigarette. This meant that the service followed what was in people's care plans and documented it when people's desires and aspirations were fulfilled.

Staff told us that activities were planned for the week ahead on Sundays with individuals. One member of staff told us that even though they had an activity plan, "sometimes they will be spontaneous", so as to meet the individual needs and desires of people using the service. We saw an example of this during the inspection when one person said that they wanted to go to the cinema. A member of staff looked on the internet to find out film times and they were able to arrange to take this person to the cinema.

Care plans were reviewed regularly which meant they were able to reflect people's needs as they changed over time. We saw that care plans were reviewed every year and staff told us that this would be more frequently if people's needs were to change. We saw one person's care plan had been reviewed within six months and saw that changes in relation to smoking and finances were documented. This meant that the service was pro-active in ensuring that care plans were reflective of people's current needs.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. We saw that complaints had been recorded and investigated in line with the complaints procedure, including a recent complaint that was responded to and concluded accordingly. Care plans included pictorial complaint's procedures for people using the service which were clear and concise in detailing how to make a complaint. One person using the service told us that they would "contact the office" if they wanted to make a complaint.

Good

Is the service well-led?

Our findings

The service had a registered manager in place that was supported in the running of the home by a team leader. One member of staff told us that the registered manager was "very supportive"; another said "she sets an example for us, she will cook for people. I respect her for that. She gets on with us. She is an amazing manager for me." A person using the service said that the registered manager was "a nice lady."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a quality report which was completed regularly. This included checks that support plans were up to date and reviewed consistently, safeguarding, infection control, induction and training, supervision, staffing levels, medicines, and finances. Records showed any issues that were picked up during these checks and any actions that were taken and when these actions were completed. For example, the service quality report had highlighted that quarterly health and safety checks were to be carried out and we saw this had been done.

The registered manager told us the service also did quarterly themed audits on the services. Records we looked at included audits on finances, person centred support plans, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, and infection control.

We saw that there were regular staff meetings taking place approximately once every two months, with the most recent taking place on the 17th February 2016. We looked at the minutes of the recent meeting which included discussions around training, health and safety, support plans, staff allocations and safeguarding. Staff told us that they found team meetings useful. One member of staff said "Staff meetings are every month or two. We talk about service users, training, leave, staff issues and any suggestions to help the home". Staff told us that they felt supported at work, one person telling us "She [registered manager] is very straightforward person. She handles things quite good". Another staff member told us "[registered manager] is very supportive. She will bend as much as she can to support us".

Records showed that the service had regular resident's meetings, the most recent being on the 21st January 2016 and included discussions about health and safety, complaints procedure, advocates and arranging a weekend away. We saw in the minutes that each meeting commenced with staff asking the people using the service to talk about "what keeps them well". An example from one person using the service was that, "staff kept them well and seeing their psychiatrist". We saw that the home had a 'service guide' for people using the service which was pictorial and included details about who they could speak to if they wanted to discuss their care, as well as general information, for example the address and contact details of the service and important contact numbers such as the GP surgery and local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment PRN medication was not being recorded effectively.