

## **Outlook Care**

# Outlook Care - Veronica Close

#### **Inspection report**

86-88 Veronica Close

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Essex

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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

We carried out an unannounced inspection of Outlook Care - 86-88 Veronica Close on 30 August 2018. At our last inspection on 26 January 2016 the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

Outlook Care - 86-88 Veronica Close 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.

It is a care home for up to 10 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 in the home can live as ordinary a life as any citizen. Nine people were living in the home at the time of our inspection.

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.

We made a recommendation at our last inspection, for the provider to ensure there was availability of hand sanitisers in bathrooms, to control possible spreads of infection. At this inspection, we saw the provider had made improvements to ensure infection control procedures were followed. We found all bathrooms contained sufficient amounts of anti-bacterial sanitisers and gels for people, staff and visitors to use, to help protect against the spread of infections in the home.

People received safe care and 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. Systems were in place to ensure medicines were administered safely and when needed.

Equipment in the service was safe to use. They were maintained and serviced regularly. People lived in an environment that was clean, safe and suitable for their needs. Accidents and incidents were monitored and analysed to ensure they were minimised in future.

Staff knew how to keep people safe. Risks to them were identified and there was guidance in place for staff to minimise these risks. People were supported by staff who had received training to ensure they had the skills to support them.

People's nutritional needs were met. 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 were supported to have choice and remain as independent as possible. The service was compliant with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and relatives were involved in decisions about their care. They were able to provide feedback and make suggestions about what they wanted from the service.

Staff continued to be responsive to people's needs. They were supported by staff who knew them well. The staff were caring and treated people with respect. Their privacy and dignity were maintained.

People and relatives were involved in the development and review of their care plans, which were personalised according to each person's needs.

We saw that staff supported people patiently and were attentive to their needs. They engaged with people in a kind and considerate manner. People took part in activities and social events that they enjoyed. They were able to provide feedback and make suggestions about what they wanted from the service.

Since the last inspection, a new registered manager had started to manage the service. They had implemented systems to ensure the quality of the service was monitored regularly. Staff felt supported by the registered manager and told us the service was well-led.

## 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 were protected from the spread of infection and protective equipment was used.	
Systems were in place to protect people from abuse and staff understood their responsibility around safeguarding.	
Staff had been recruited safely with suitable checks on their backgrounds completed.	
There were sufficient numbers of staff employed to meet the needs of people in the service.	
Risk assessments were in place to guide staff on how to support people and keep them safe.	
Medicines were administered and managed in a safe manner.	
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 - Veronica Close

**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 30 August 2018. The inspection team consisted of one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR), which was submitted to us in February 2018. 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 service.

During our inspection we spent time observing care and support provided to people. We spoke with the registered manager, the deputy manager and four care staff. We spoke briefly with two people who used the service. Most people were unable to speak with us due to their disabilities.

After our inspection we spoke with two relatives by telephone. We looked at four people's care records and other records relating to the management of the service. This included four staff supervision and training files, accident and incident records, health and safety, quality monitoring and medicines records.



#### Is the service safe?

### Our findings

At our last inspection on 26 January 2016, we found the premises was not always properly maintained because there were a number of communal bathrooms that did not have soap or hand gel available in them for people, staff and visitors to use. The bathrooms had not been checked by staff to ensure empty soap or hand gel containers were replaced. This meant there was a risk of infections spreading.

At this inspection we saw that infection control procedures were followed by staff. Each communal bathroom and bathrooms in people's rooms was stocked with hand gel or soap. Staff ensured they were replaced when needed and there was sufficient stock in the home. Staff had received infection control training and used protective equipment such as gloves and aprons when providing personal care.

People were cared for in a safe environment. The home was split across two sections with easy access to both sections for staff. The management team carried out regular health and safety checks. We saw records of gas, electrical, water and fire tests which showed that the premises were safe for people. Harmful materials (COSHH) were stored securely. The kitchen areas were clean and food was labelled and stored at the correct temperatures. Equipment such as hoists and wheelchairs were regularly serviced and maintained as per the manufacturer's guidance. The registered manager told us they had requested investment to renovate the premises. They said, "We have got permission for the landlord to install new bathrooms, showers and fittings as the house is quite old and needs refreshing." Staff were aware of the procedures to follow 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.

People and their relatives told us the service was safe. One person said, "Safe, yeah I'm safe." A relative told us, "The home is very safe, people are looked after."

There were enough staff on duty in the home and a deputy manager or team leader was in post to cover when the registered manager was not working in the home. The provider was able to provide cover for when staff were on annual leave or due to sickness by using bank staff who were familiar with the service and the needs of the people living there. This ensured staff were not rushed, were able to provide person centred care and spend time with people.

The provider's recruitment process ensured that staff were suitable to work with people who needed care and support. The necessary pre-employment safety and background checks had been carried out before they began to work with people.

Care was planned and delivered in a way that ensured people's safety. Risks were identified and systems were put in place to minimise risk and to ensure people were supported as safely as possible. Risks to people included the risk of choking when swallowing food. We saw that speech and language therapy guidelines were in place for staff to follow before providing the person food and drinks.

There were safeguarding procedures in place. Staff had received safeguarding training and were clear about

their responsibility to ensure people were protected from abuse. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the management team would deal with any concerns they raised.

People's finances were managed safely by the provider, where they had legal authority to do so and protected them from the risk of financial abuse. The service held money on behalf of all people, securely. We saw that monies were counted during the day when there was a handover of staff to confirm that the amounts were correct. Records of people's purchase receipts and balances were held and we saw that they were accurate.

There was a procedure in place to review any accidents or incidents that had occurred in the service and ensure action was taken to prevent reoccurrence. For example, the registered manager had installed soft padding to sharp edges such as door frames, tables and other furniture after one person had succumbed to falls a number of times. Since the padding was installed, the number of falls had reduced over a one-year period. This meant the service learnt from lessons to ensure people were safe at all times.

People received their prescribed medicines safely and at the times they needed them. Medicines were administered by staff who had received training and were securely stored in people's rooms. We saw that Medicines Administration Records (MAR) were up to date and contained details of the medicines people had received at the prescribed times. One member of staff said, "We audit medicines every day to make sure everything is accurate. We check the records and count the medication." We observed this practice during our inspection and saw that records were accurate and up to date. We saw people had received their medicines on time. There were procedures in place for medicines that were to be administered when required (PRN), such as painkillers. Where people's medicines were reviewed or changed, we saw the appropriate documents from the person's GP, to show this was approved.



#### 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, "Staff are good. I like the staff, they help me." A relative said, "The staff are excellent, they have worked in the home for a long time so know what to do."

Records showed staff had received training that was relevant to their role in key areas. A member of staff told us, "I started a few months ago and had an induction which was very good. I did training for five days also completed my Care Certificate." The Care Certificate is a set of 15 standards and assessments for health and social support workers. Records showed that staff had completed the Care Certificate. Staff told us that they received supervision from the registered manager. We saw from supervision records, staff were able to discuss any areas for personal development or any issues. We observed staff sharing information during shift handovers so that all staff were aware of any issues and what actions needed to be taken.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff understood the principles of the MCA. Systems were in place to ensure that people were 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 that staff asked people's consent before they carried out tasks and people or their relatives signed consent forms on their behalf.

People's needs were assessed before they started to use the service. Information was obtained from other care professionals, social workers and relatives. People's outcomes were divided into five areas of support which included "being healthy", "safety and security" and "enjoying and achieving." They were supported in these areas by staff. There were suitable adaptations around the premises to ensure people remained comfortable. There were communal areas for staff and people to spend time with each other.

People were provided with choices for food and drink to ensure they maintained a healthy and balanced diet. Menus were planned with all people involved and they were supported to have meals that met their needs and preferences, including any special diets, such as soft and pureed diets. One person told us, "Yes, good food" and a relative said, "Food is provided all the time and [family member] has no problem and like their meals."

People aged 14 and over who have been assessed as having moderate, severe or profound learning disabilities, or people with a mild learning disability who have other complex health needs, are entitled to a

were records of appo	intments and the out	tcomes in people's	care plans.	



## Is the service caring?

### Our findings

People and relatives told us staff treated them with dignity and respect and that they were caring. One relative said, "Wonderful, very caring people." A person told us, "Caring yes. They care about me and look after me."

We saw that staff supported people in a kind and gentle way. Staff understood people's habits and daily routines and were patient. We saw that people engaged with staff and enjoyed their company. A member of staff told us, "I love working in the home. Everyone is so friendly and nice. We are like a family. I have really got to know the tenants well."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, one person's care plan said, "I need support to cut up my food but I am able to use a knife and fork appropriately."

Relatives told us they were involved in developing and reviewing the care plans for their family members. A relative told us, "The staff and managers always involve us and we come when we can for meetings about [family member]." Relatives told us they could visit the service at any time were made to feel welcome.

Staff ensured people's privacy was respected. They told us they closed doors and curtains when providing personal care. Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff treated personal information in confidence and adhered to the provider's data protection policies.

The registered manager was able to access advocacy services for 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, age or gender. Any cultural and religious needs people had were identified and respected. For example, people were supported to attend places of worship if they wanted to practice their religion.



## Is the service responsive?

### **Our findings**

People and relatives told us the service was responsive and said that they were satisfied with the care their family members received. A relative told us, "We are always in touch with the home and they tell us about everything. They keep us updated about [family member], who gets the support they need from staff."

People received care and support that met their needs. Staff were knowledgeable about each person's individual care requirements and preferences. Each person had a care plan which contained information about their likes, dislikes and care needs. A detailed profile and a brief history of the person. One person's care plan stated, "I like puzzles and do them in the art room with support from staff. I need to make sure that puzzles are easily reachable for me and not on a high shelf." This ensured people received a personalised service and staff responded to people's requests and needs.

Person centred care plans were developed and discussed with the person and their relatives. We saw that care plans were reviewed each month and were updated when needed. 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. Changes to people's needs were communicated to staff at team meetings and handovers to enable them to respond to people's current needs.

People's rooms were personalised with items and pictures of their choice. There was a relaxed atmosphere in the service and people were encouraged to make choices and engage in social or individual activities. Each person had their own individual activity plan. Activities included reflexology, music, puzzles, walks, arts and crafts. We saw that staff and people had been on holidays, excursions and day trips together. On the day of our inspection, some people went out to the countryside with staff as they enjoyed looking at animals. A staff member said, "We are a busy home, there are always things going on. We encourage people to join in activities if they wish."

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Staff told us they communicated with people using objects of reference, pictures and gestures. One staff member said, "We can understand people using signs and picture. Giving people visual choices." Care plans contained details of people's communication needs and provided information on how the person interacted with other people and staff, for example facial expressions, hand signals and actions.

People were supported and encouraged to raise any issues they were not happy about and an easy to read complaints procedure was displayed. People and relatives were supported to raise any concerns or complaints. A relative told us, "I know everyone so can easily speak to [deputy manager] or [the registered manager]." We saw that there had not been any complaints about the service.



#### Is the service well-led?

### **Our findings**

The registered manager was appointed after our last inspection, following changes made by the provider. The registered manager was responsible for two other Outlook Care services in the local area for people with learning disabilities. The registered manager communicated with all staff on a daily basis and visited Veronica Close each day. They were supported by team leaders or deputy managers who managed the service if the registered manager was not on site. They would contact the registered manager if there were any incidents or concerns. The registered manager said, "The staff here are fantastic. I know the people are in good hands. I try to support my staff because we are all human. I listen to them and help them because we all need breaks or time off. By working together, supporting each other, we can deliver a good service to people."

Staff told us the service was well led and that the registered manager was friendly and approachable. They took part in staff meetings to discuss any concerns and issues. One staff member said, "[Registered manager] is brilliant. The team are very nice and I can approach them about anything. The manager is spot on with everything." The deputy manager told us that they worked well with the new registered manager and said, "[Registered manager] is really positive and supportive. He has a different approach to what we were used to but it works. It's a very person-centred service and the atmosphere is very good."

Relatives were positive about the management of the service. One relative said, "[Registered manager] is very good, very nice and helpful and welcoming." Compliments were received by the service from health professionals, visitors and relatives. One comment was, "The staff demonstrated an exceptional level of care and support. They were focused on [person'] wellbeing and their communication was good." A relative had written, "We are very pleased with the way [family member] is cared for. Staff are wonderful and [family member] is happy. Long may it continue."

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. We sought feedback from the local authority who placed people in the service and they told us that the service was delivering a good standard of care to people.

There were clear management and reporting structures. 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 the environment, medicines and staff training. The registered manager was supported by a regional manager who visited the service and carried out internal inspections. Action plans were developed and completed where necessary improvements were required, such as with the maintenance of the home and record keeping.

The registered manager told us they were developing the service by using technology applications such as online video chat programmes. "We have relatives who live far away and can't always visit so our service users can speak to them online and use video so they can see each other." This meant the provider used technology to help improve the home and ensure people were supported to stay in contact with relatives.

People and relative's opinions and feedback were sought through annual questionnaires and surveys. We booked at the results from the most recent survey and noted comments were positive.			