

Outlook Care

Outlook Care - Waterside Lodge Recovery Centre

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 

Overall summary

The inspection took place on 24 and 25 February and was unannounced. The last inspection was on 19 June 2013 and was found to be meeting all of the regulations we looked at.

Waterside Lodge is a residential home for up to 16 adults with mental health problems. On the day of our visit there were 12 people using the service.

The service had 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.

Summary of findings

People were protected from harm and abuse. The service had a clear safeguarding procedure and staff all knew how to recognise and report any suspected abuse and keep people safe. All incidents had been investigated and reported to the local authority and CQC.

There were sufficient staff to meet people's needs and to provide personalised care. We saw that staffing levels had recently increased at night in response to changes in needs of people using the service.

People's medicines were managed safely. The service had a good system for recording and monitoring people's medicines, with regular audits taking place to make sure the processes were being followed correctly by all staff.

Staff had been fully trained and had the skills and knowledge they needed to care for people. The staff had been recruiting following safe recruitment processes and they received regular supervision and annual appraisals to make sure they had the support they required for their work.

Staff and managers all had a clear understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's consent was always sought for care and nobody was restricted in their freedom or deprived of their liberty.

People were supported to eat a healthy and balanced diet and were given choices about what they had to eat and drink, and when they had their meals.

Staff had good, caring relationships with people using the service and treated them with kindness and compassion.

People were involved in making decisions about their care and support. People had allocated keyworkers who they met with to discuss their care and make changes to their care plans and support programmes.

People had comprehensive, person-centred care plans based on their assessed needs, personal preferences and discussions with people and their families.

The provider had a clear complaints procedure and encouraged people to give their feedback about the service. Complaints were acted upon and action plans developed to respond to complaints.

The service had an open culture that was supportive and encouraged people using the service and staff to develop ideas and participate in the development of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to recognise abuse and the correct procedure to follow if they suspected any abuse had taken place.

People had comprehensive risk assessments so staff knew how to keep people safe and identify behaviour triggers.

There were enough staff to meet people's needs and they had been recruited safely.

Medicines were managed safely with clear audits and records kept for people's medicines.

Good



Is the service effective?

The service was effective. Staff were well trained and had regular updates to their training to meet people's needs.

People's consent was always sought and people's freedom was respected in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat a balanced diet and were given choices about their food and drink.

Good



Is the service caring?

The service was caring. Staff knew people well and knew what their needs were and how to care for them.

People were supported to make decisions about their care and be fully involved in their support programme.

People were treated with respect and staff respected their privacy.

Good



Is the service responsive?

The service was responsive. People received person-centred care that was based on their identified needs and preferences.

People were involved in setting and reviewing their care and were able to make changes to their support.

People were able to make complaints and give their feedback about the service. People were confident that their feedback would be listened to and acted on.

Good



Is the service well-led?

The service was well led. The service had an open culture and the manager encouraged staff to discuss any issues and ideas.

The service had a good system in place to regularly audit the quality of the service and take action based on the results of these.

Good



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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.

The inspection took place on 24 and 25 February 2015 and was unannounced. The inspection was done by one inspector.

Before the inspection, we reviewed all of the information that we held about the service. This included details of statutory notifications, safeguarding concerns, two previous inspection reports and the registration details of the service.

During the inspection we spoke with five people who used the service, five members of staff and three relatives of people using the service. We also looked at six people's care files and medication files, seven staff files and training records and a range of policies and procedures and service documentation. These documents included quality assurance audits, safeguarding procedure, health and safety audits and certificates.

Is the service safe?

Our findings

We spoke with people who told us they felt safe and were happy living in the home. One person told us, "I feel safe and I really like it here. They [staff] treat me well." Another person told us, "I get on well here and take all my medication." All of the people who spoke with told us they felt able to talk to staff if they did not feel safe.

People using the service were protected from harm and kept safe. We spoke to staff who all correctly explained the procedure they would follow in the event of any concerns about people's safety. They all knew the different types of abuse and had a good understanding of the provider's policy for safeguarding. One staff member told us, "We all look out for any signs of abuse and do risk assessments for activities and for each person, and we always make sure the environment is safe for them."

People's behaviour that challenged the service was managed in a manner that protected people's rights and maintained their safety. We saw in people's care files that they had a comprehensive risk assessment that identified behaviours that could challenge the service, with clear guidance for staff on how to identify these behaviours, triggers for them and how to provide support safely and what to do if the behaviours escalated. We saw these risk assessments were reviewed regularly and updated following any incidents or concerns relating to the person. We observed people who became agitated and demonstrating behaviours that challenged the service. We saw that staff attended these people quickly and provided them with reassurance and support in line with the guidance in the care files, with people's behaviour changing in response to these interventions.

We saw that people's safety and any safeguarding concerns were discussed in staff meetings and supervision sessions, so that information was shared with staff so they were kept informed of changes to people's support needs and safety. Safeguarding concerns had been followed up and action plans completed based upon incidents and concerns. We

saw that people's risk assessments and care plans had been updated following these investigations and referrals had been made to the local authority safeguarding team where appropriate.

The premises were well maintained and we saw that all the necessary checks had been completed. These included a recent audit by the fire brigade which showed the service had made improvements to the fire safety.

People told us there were usually enough staff to meet their needs. People told us, "There's always staff around" but also, "Sometimes there's not enough." We looked at the staff rotas and spoke to members of staff about their workload and confirmed their shift patterns. We saw details of how the registered manager had recently changed the staffing numbers at night due to having people with greater support needs and more behaviour that challenged the service occurred at night.

We looked at staff files and saw that safe recruitment practices had been followed. We saw that all the people we looked at had provided at least two appropriate references, had current checks from the Disclosure and Barring Service and any gaps in employment had been explained.

The service had a clear disciplinary procedure for when unsafe practices had been identified. We saw an example where one member of staff had gone through this procedure following incorrect recording of medication. The actions included additional training, increased monitoring and supervision when giving people their medicines.

We saw that people's medicines were managed safely and that people were protected from harm associated with incorrect medicine. We looked at the Medicines Administration Records (MAR) for five people, and checked the stocks of all the medicines for these people. We saw that all of the MAR sheets had been correctly filled in and staff knew how to record any people who refused their medicines. There was an audit sheet for each medicine in people's medicine files, which showed the number of tablets that had been given and how many were left in each box. We checked these stocks and all of these audits were correct and people's medicines had been managed effectively and safely.

Is the service effective?

Our findings

People were supported by staff who were well trained and supported and had the skills necessary to meet their needs. We spoke to people who told us, "They know me well and what I need" and "I'm happy with them."

We looked at the staff training files and saw details of all the training that had been completed for each member of staff, along with dates for training that had been booked for the coming year. We saw that all staff had completed safeguarding training and had covered all the different areas including first aid and managing challenging behaviour.

The staff files showed us that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service. We spoke with members of staff who told us the induction programme had prepared them well for their work.

Staff members told us they had supervision every month and found this useful for their work. We saw the notes from these supervisions for five members of staff, which showed they discussed issues including how to effectively support people, reviews to care files, safeguarding and training needs.

We saw that staff had annual appraisals with the registered manager. We saw the records of these appraisals, which reviewed people's performance over the last year, set out achievements, areas for improvement, training needs and goals for the next year. Staff told us they appreciated the appraisals and liked having clear goals to work towards over the year.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received training on MCA and the Deprivation of Liberty Safeguards (DoLS) and could tell us about the principles of people having capacity and the need to obtain consent for care and treatment. There were no people who were restricted in their liberty. We saw that people were able to go out when they wanted and were encouraged to be as independent as possible.

We saw that people's consent for care had been sought and recorded by the service, including people's consent for

medicine, which was recorded in people's care files. We spoke to staff who told us they always asked people for their consent for any tasks they were going to do, and if people didn't want to receive personal care at that time, they could refuse it and the staff would come back at a later time.

The registered manager and care workers all had a good understanding of mental capacity and consent, including how capacity needed to be assessed for specific decisions. We saw that one person did not have capacity to manage their finances, and a family member had been appointed guardian to manage their finances on their behalf. This person was responsible for managing their finances, but the person using the service was engaged in the decision making process and was supported to maintain their independence as much as possible.

We saw that people were offered a choice of food and drink. We spoke with people about the food and they told us, "The food is good" and "I really like it." On the day of the inspection there was a menu planning meeting to discuss the food for the next weeks, and we also spoke to the cook who told us they would speak to all people using the service about what they would like. We saw that people were able to change their minds about their choices and were offered alternative meals. We spoke with the cook who told us about providing choice and also creating special meals for people and baking cakes on their birthdays. People's specific dietary requirements were catered for, with soft food, halal meat and sugar free options available to meet people's needs, including diabetes and religious needs.

People were supported to maintain good health and had access to healthcare services they required. We saw a local optician visited on the day of the inspection, so people were able to have their eyesight tested. People's health was regularly monitored, with people being supported to access their appointments with their GP and other professionals. We saw that people had regular Care Programme Approach (CPA) meetings that involved a range of professionals who were involved in their support, and that actions from these meetings were added to people's care plans.

Is the service caring?

Our findings

We asked people using the service if the staff were caring. They all said they thought the staff were caring, and one person told us, "They are lovely. They know me well and are always good." We observed staff interacting with people in a caring and considerate manner. We saw that staff always knocked on people's doors, called their names out and asked permission to come in and talk to them. Throughout our visit we saw positive, caring interactions between staff and people using the service.

People's backgrounds were respected by staff and they understood the different needs people had. This included providing appropriate support for people's religious and cultural backgrounds.

We spoke with staff about their knowledge of people they were caring for. They all knew about people's needs, their personal preferences and their life histories and how they wanted to be supported.

Each person who used the service had a keyworker, who was the lead person for meeting with them regularly and reviewing their care plan and making any updates and changes to their care as their needs changed. They met with people regularly and discussed their care, if they were happy with it and if they wanted any care provided differently.

We observed that people were responded to quickly if they showed any signs of distress. We saw staff help to calm people down then they became agitated and took them to a different room and sat with them while they were distressed.

People were actively involved in making decisions about their care and support. We saw that people were involved in the setting of their care plan, as well as involvement in the reviews and updates of these plans. One person told us, "They ask me what I want and if I need anything changing." We spoke with staff about how they involved people as keyworkers. They told us that they met with people regularly to discuss their care needs and listen to their feedback and helped them to make changes so they got the support they wanted and needed.

We saw that people were able to access advocacy services to speak on their behalf if they needed it. There were details of both general and specialist mental capacity advocacy services available to people, and we saw in one person's care file details of an advocate's involvement in their care. The registered manager told us they promoted the local advocacy service and encouraged people to use this service.

People's privacy and dignity were respected when staff provided support to them. We spoke with people who told us staff always asked them how they wanted support and respected their privacy. We spoke with staff who told us who they always made sure doors were closed and they took care to keep people's privacy when providing personal care to them. People told us how staff support them to do as much for themselves as they could. We saw in people's care plans that staff were encouraged to prompt people to wash themselves wherever possible, with staff to promote independence for people. Staff told us how they always spoke with people in private and made sure they kept people's confidentiality at all times.

Is the service responsive?

Our findings

We spoke with people about their care and they told us how they had been involved in their care planning. We saw that each person had an allocated keyworker who had regular meetings with them to discuss their care and updated their care plan and risk assessment.

We reviewed people's care files and saw these were detailed and personalised to each individual's needs to provide person-centred care for people. We saw the introductory pages that set out people's backgrounds, preferences and what was important to them, so staff could immediately see this information about how they wanted their care and what support to provide. Each care file had been regularly reviewed with the person, key worker and involved other professionals to cover the full range of health and care needs for each person.

We saw examples of 'move-on' plans for people who were being supported to gain more independence with a plan to move into supported living services. We saw one example that clearly set out how the person was to be supported to learn new skills to be able to support themselves. This plan had goals with milestones, review points and tracked the progress of the person as they became more independent.

People were provided with a range of activities and support that meet their needs and promoted their independence. We saw details of programmes including a job club and move-on sessions where people were supported to gain new skills to be able to undertake voluntary work and begin to live more independently and work towards moving into supported living services.

The service had an activities co-ordinator who provided people with different activities that they could request. We spoke with people who told us they enjoyed the different activities and came up with suggestions for different activities they wanted to do. We saw one session where people were being supported to learn to cook for themselves and build their confidence to become more independent. People told us they found these sessions good and they had made major improvements to their ability to look after themselves and increased their confidence.

We saw details of different activities regularly taking place, with a board in the communal areas showing what activities were taking place that week. We spoke with people about doing what they wanted and they told us they were able to come and go as they wanted and would regularly go out into the community. We spoke with one person who told us they liked to go shopping each morning, and another person would regularly go to visit friends. The service support all of these people to be independent and go into the community regularly. Where people required support to go out, staff were available to support them and help them to go to the shops and visit local cafes when they wanted.

We saw a new relaxation and therapy room had been provided for people, giving them a space to take part in one to one activities to promote recovery and improvements to their mental health. We saw details of the range of sessions, including talking therapies and relaxation programmes. People told us how they liked this space and that it had made a difference to them.

We reviewed people's care files which showed their backgrounds had been considered and supported. We saw that people's religious and cultural backgrounds were respected and that staff knew what specific requirements each person had. We saw that provision had been made to help people access religious services in the community and that the service responded to people's diverse needs.

People knew how to make a complaint and knew that their complaints or any concerns would be dealt with. We spoke with people who told us, "I can talk to the manager and the staff here. They listen to me." We saw records of complaints that had been made, and discussed with the registered manager how these had been dealt with within the service's timescale for responding to complaints. We saw that people had been satisfied with the investigations and results from the complaints, and that the service had taken clear actions following the complaints. We saw that the service encouraged feedback from people using the service, their families and other professionals involved in supporting people through conversations with the registered manager, posters in the entrance and surveys.

Is the service well-led?

Our findings

The service had an open culture that encouraged people to come forward with their comments and ideas for improvements to the service. People using the service told us that the registered manager was very approachable and they could always talk to them about any problems and knew they would be listened to and things would be done if they needed them. One person told us, "He [registered manager] always talks to me and asks how I am." We saw feedback from family members, local authority commissioners and other health professionals that all highlighted their satisfaction with the quality of the service and support provided for people.

Staff members told us they felt comfortable to raise any issues with the registered manager. One member of staff told us, "We have good communication and feedback from the management. They do listen and make changes from our feedback and really motivate us." Another member of staff told us, "The manager has made some good changes. Residents will often go and talk to him about how they feel."

The service had a whistleblowing policy in place and all the staff we spoke with were aware of it and knew the correct procedure to follow if they wanted to raise any concerns. The registered manager knew the process and demonstrated they had reported any concerns to the local authority and CQC to be investigated.

We saw the service had good links with the local community that helped people to feel part of the community and prevented social isolation. We saw examples of people going out to different groups during the day, people who had attended courses and people using local tutors who came into the service.

People were engaged in the development of the service through regular residents meetings. We saw the minutes from recent meetings in which people discussed the menu planning, the smoking rules, the new relaxation sessions and planning activities. We saw that some people wanted to try gardening and others wanted to start cooking sessions. We spoke with people about these meetings and they told us they thought they were good to discuss how the home was run and liked being involved.

The registered manager held monthly 'talk back' sessions where people could go and talk to them about any issues they had. We saw details of people using these sessions and the registered manager told us about changes made to people's care following these sessions.

We saw records of safeguarding concerns, accident and incident records, complaints and notifications. We saw that the service had a clear process for managing these and the registered manager used these to review the service and identify any actions required or trends in incidents.

The provider had good systems in place to monitor the quality of the service. We saw that the provider undertook regular service audits and had produced an action plan to deliver improvements to the service. We looked at the action plan and saw that many of the actions had been completed and could see the changes made, including improvements made to the service such as creating new personal evacuation plans for each person following the fire audit.

We saw that the registered manager and deputy manager completed regular audits of the service. This included full audits of the medication, which we checked and saw that all the medicines were properly stored and all fully accounted for. We saw one example where medicines had been incorrectly recorded and the staff member who made the error had been re-trained in medicines management following this incident.

The provider worked with other organisations to make sure that the service followed best practice guidance and delivered high quality care. We saw the report from the local authority service audit which stated the service was good and met all of the commissioner's requirements. We saw evidence in people's care records that the service worked with a range of other agencies so that people received the care and treatment they needed. We saw the service had good links with local mental health services, and people were accessing psychiatric support to promote their recovery. On the day of our inspection, the optician visited and provided eye tests for people.