

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 ●

Summary of findings

Overall summary

About the service

Outlook Care - Waterside Lodge Recovery Centre provides accommodation and 24 hour support with personal care for up to 16 adults with mental health needs. At the time of our inspection there were 16 people using the service.

The care home is an adapted property accommodating people across two floors along long corridors. There were two communal lounges and kitchens and a medium sized garden.

People's experience of using this service and what we found

People and their relatives told us the service was safe. However, relatives told us, and we found one staff member to occasionally speak to people in a brusque manner. We have made a recommendation in relation to dignity and respect.

The service had assessed the risks people faced and developed plans for staff to help prevent them. People's medicines were managed safely and they had access to healthcare support.

People, their relatives and staff felt there were enough staff to meet their needs. Records showed staff were recruited safely. Staff received training to help them carry out their roles. People were supported to eat and drink enough and encouraged to eat a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care records were personalised to reflect people's preferences. People told us staff knew how they wanted to be supported and were caring. Staff supported people's diversity and independence.

The provider had systems in place to monitor the quality of the care provided. People's relatives told us they felt confident to make a complaint about the service if required. Staff and relatives spoke highly of the management team and reported the service had a positive and open culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted on one inspector.

Service and service type

Outlook Care – Waterside Lodge Recovery Centre 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, activities coordinator, and two care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people living at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us they felt safe living at the service. One relative told us, "Yes, I think [person] is safe. [Person] is the best she's ever been."
- Staff received safeguarding training and knew what to do if they were concerned people were being abused. One staff member said, "Yes, I would report the person to the manager and you may have to call the police. If the manager doesn't do anything you have to go to the top manager. Then you'd tell the CQC and safeguarding team."
- The registered manager understood his responsibilities about making appropriate referrals to external bodies and records demonstrated relevant referrals had been made.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The risks people faced to their health and wellbeing were assessed and guidelines were in place to show staff how to support the person safely and reduce the risk of harm.
- Risks were regularly reviewed and the relevant assessments were updated. For example, following an incident a person's smoking risk assessment had been updated. Staff told us how they now supported the person in order to reduce the risk of fire.
- Risks associated with complex health conditions, such as diabetes, were assessed and staff demonstrated they worked with people to lower the risks to their health.
- The provider had a maintenance plan to manage environmental risks to minimise the risk of harm.
- There was a system in place to record and analyse accidents and incidents to improve care.

Staffing and recruitment

- People, their relatives and staff told us there were enough staff to meet people's needs.
- We saw the number of staff on duty corresponded with the amount indicated on the rota.
- Agency staff were used to cover staff vacancies, but relatives told us the agency staff used were consistently the same ones. The registered manager told us they were undergoing a recruitment process to hire more permanent support staff.
- The service ensured staff were suitable and had the required skills and knowledge needed to support people.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. There were completed employment histories, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- Medicines were managed safely. A relative told us, "Yes, [person] gets their medicines on time."
- Staff received medicine administration training and kept medicine administration records accurate and up to date.
- There were clear protocols for staff to follow about when to give people medicines on an 'as required' basis.
- Medicines not in blister packs were counted to make sure there were the right amount remaining and storage temperatures were checked to ensure they were kept safely.

Preventing and controlling infection

- People were protected from the risk of spread of infections.
- Staff followed a cleaning schedule and wore personal protective equipment when providing personal care.
- Staff told us how they ensured laundry was washed in line with the infection control policy.
- The service appeared clean and free from malodour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service was arranged over two floors with bedrooms coming off long corridors which had a clinical feel and the décor was dated. The garden was of good size but of a basic design. Relatives told us they felt the building and garden would benefit from redecoration.
- To address this the provider had put up displays around the service including in the entrance hall to make the building more appealing. People showed us they had items in their rooms, such as music devices that they had chosen to make it feel more personal.
- The provider assessed people's needs in an initial assessment when they first started to support the person and relatives told us they were involved in assessing and planning their family member's care.

Staff support: induction, training, skills and experience

- The provider trained staff in skills relevant to their roles.
- Staff told us they undertook a broad range of training. One staff member said, "Training wise they always make sure [staff] are up to date... Tomorrow we have fire safety practical training."
- Staff told us they received supervisions and annual appraisals which they found useful.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People told us they liked the food.
- Staff understood how to support people with specialist dietary requirements.
- We saw people eating and drinking during the inspection and people had access to snacks between meals.
- Staff supported people to make their own food where appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care and the service worked with other agencies to provide effective care.
- People's oral health care needs were recorded in their care plan and staff told us how they supported people in line with these.
- People's records demonstrated health care professionals were involved in people's care and relatives told us staff supported people to attend appointments.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was obtained in line with law and guidance.
- Where appropriate people had signed their plans of care to indicate their consent.
- Staff told us they gave people choices about how they wanted to be supported.
- The provider arranged for, and complied with, people's deprivation of liberty safeguard (DoLS) authorisations. Records showed the service had asked for expired DoLS to be reviewed by relevant professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives told us care staff and management had developed caring relationships with people. A relative told us, "[Person's] key worker [staff member] is very good with him."
- However, we observed a staff member speaking in a brusque manner to people in the dining area and a relative said of the same staff member, "[Staff member] doesn't quite talk to people how you should [staff member] tells people, 'don't do this' instead of finding solutions. Need to give them a bit of self respect." We recommend the service seeks guidance from reputable sources about ensuring people are always treated with dignity and respect.

- Staff spoke very sensitively about people and cared deeply about people's happiness and wellbeing. One staff member told us, "We are here for one purpose and that's for our clients. You have to work as a team to help them."

- People's diversity was respected. People's spiritual and cultural needs were captured in their care plans and staff told us they respected people's diversity and treated people equally. One staff member said, "We have to put [people using the service] first. We treat them according to what they want to do you can't discriminate we have to treat them how they are." Staff gave examples about supporting people's right to develop relationships.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of giving people choices about their day to day care and supported people to express their views. Care plans highlighted the need for staff to ask for the person's permission before undertaking care tasks.
- A staff member told us, "They have their choice, it is there home... [Person] chooses if [they] want a shower. We don't argue we ask if we can help tomorrow."
- A relative told us their family member was able to choose what they wanted to do and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One staff member told us, "They [people using the service] are all adults... We respect them."
- Relatives gave examples of staff ensuring people maintained their privacy.
- People's independence was promoted.
- Care plans contained guidance about which tasks people could do for themselves. Staff and relatives gave

examples of the service supporting people with life skills such as shopping, using transport and cooking.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider assessed people's care and support needs when they first started using the service and included recommendations about managing the transition to living at the service.
- The provider completed care plans to guide staff about how to care for people.
- The care plans were detailed and personalised with lots of information about people's preferences. Staff told us the care plans covered people's needs and they demonstrated they knew people's preferences well.
- The plans were regularly reviewed and updated to include health care professional's recommendations about how to care for people when their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed people's communication needs and these were reflected in their care plans.
- Care plans included information about people's communication methods and body language to help staff communicate with people.
- Staff told us how they used pictures and body language to communicate with people who could not verbalise their views.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where people had family, the service supported people to maintain their relationships with them to avoid social isolation.
- Relatives told us staff were friendly with them when they visited.
- People's interests were captured in their care plans and a range of activities had been developed for people to participate in if they wished, such as cooking skills and birthday parties.
- Staff told us how they tried to encourage people to take part in activities. During the inspection we observed people being supported to buy presents and get ready for an upcoming religious festival.
- Relatives told us there were enough activities available for people to participate in.

Improving care quality in response to complaints or concerns

- The registered manager recorded complaints and compliments appropriately and there was a complaints

procedure in place to guide staff.

- Relatives and people told us they felt confident raising concerns. One relative said, "Sure, I can make complaints."

End of life care and support

- The provider had an end of life policy. This provided guidance to staff should they need to care for someone who required end of life or palliative care in the future.
- The registered manager told us the service was not providing end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and positive culture at the service.
- Staff told us morale was high and they were well supported by the management team. A staff member told us they were well supported, "[The deputy manager] comes and sees us if we need anything. [The registered manager] is available. I get on with them and they are very supportive."
- Staff shared the management team's values of putting the people living at the service at the heart of their work.
- Relatives spoke highly of the management team. One relative said, "[The deputy manager] is very kind. I am impressed by [them]." Relatives told us they felt the health and wellbeing outcomes achieved for their relatives was very good.
- The registered manager understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was at the service for at least half of every week and he was supported by a full-time deputy manager permanently based at the service.
- Each shift consisted of a team leader and medicines lead. This ensured staff understood which roles they needed to complete that day and the service was run smoothly.
- There was a handover before every shift and we observed crucial information about a person's health was handed over in order for them to be supported safely.
- The provider had systems to check the quality of the care provided such as a quarterly inspection by the registered manager, themed reviews and night time spot checks on staff to assess their performance. Actions had been drafted and completed to improve the quality of the care provided.
- Relatives were happy with the running of the service. One relative told us, "It's always OK, there's never any concern from me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had systems to engage with people, their relatives and staff. For example, annual surveys were conducted to gain their views.

- Relatives felt communication was effective. One relative told us, "They ring me if there's something I need to know. The communication is good."
- Records demonstrated the provider worked in partnership with external agencies to better support people. For example, mental health teams, care coordinators and psychologists. People and relatives were offered support from charitable organisations such as Age Concern and day centres.