

Outlook Care

# Outlook Care - Maplestead Road

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# 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 three people receiving care. The service was last inspected in February 2016 and was rated as Good overall but was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service did not have effective arrangements in place for the safe administration of medicines. At this inspection, we found that the provider had addressed the issues and medicines were now being managed safely.

There was a registered manager at the service at the time of our inspection. 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 was safe and had practices in place to protect people from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them. People who used the service told us they felt safe and protected from harm.

Risk assessments were personalised and robust. Care workers knew what to do in emergency situations.

Staffing levels were meeting the needs of the people who used the service and care workers demonstrated that they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Newly recruited care staff received an induction and shadowed other members of staff on various shifts. Training for care staff was provided on a regular basis and updated regularly. Staff spoke positively about the training provided.

Care workers demonstrated a good understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis.

The service was supporting people who were subject to Deprivation of Liberty Safeguards (DoLS) in an effective way and care workers had a good understanding of DoLS and its application to the daily living needs of people at the service.

People were supported to maintain a balanced diet and the people who used the service had access to the kitchen without restriction.

People were supported to have access to healthcare services and receive on-going support. The service

made referrals to healthcare professionals when necessary.

Care workers demonstrated a caring and supportive approach towards people who used the service and we observed positive interactions and rapport between them.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity.

Care plans were person centred and focused on people's individual needs. Care plans were reviewed regularly and any changes were documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this. People who used the service told us they knew how to make a complaint.

The registered manager had a good relationship with care workers and the people who used the service. Care workers spoke positively about the registered manager and their management style.

The service had quality assurance methods in place and carried out regular audits. The service monitored the feedback from people who used the service by way of an annual questionnaire and a monthly residents meeting.

## 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 harm and care workers knew how to raise any concerns.

Risk assessments were robust and personalised for each person who used the service. Care workers were aware of all risks and what to do in an emergency.

Staffing levels at the service were sufficient in meeting the needs of the people who used the service.

Medicines were managed so that people who used the service received them safely.

### Is the service effective?

Good ●

The service was effective. Care workers received training on a regular basis as well as monthly supervision and annual appraisals.

The service was working in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported to have sufficient amounts to eat and drink in line with their preferences and dietary needs.

People were supported to maintain good health and have access to healthcare services. Referrals were made when necessary to support people who used the service.

### Is the service caring?

Good ●

The service was caring. Positive relationships were formed between care workers and people who used the service.

People were supported to be independent and were treated with dignity and respect.

People told us they were happy with the care they were receiving from care workers.

### Is the service responsive?

Good ●

The service was responsive. Care workers demonstrated that they knew each person well.

Care plans were personalised and reflected each person's preferences in relation to the care they wanted to receive.

People who used the service knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well led. Care workers spoke positively about the registered manager and their management style.

Team meetings and residents meetings took place on a monthly basis.

The service carried out quality assurance practices to monitor the quality of the service.

# Outlook Care - Maplestead Road

## **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 reviewed notifications, safeguarding alerts and monitoring information from the local authority.

This inspection took place on the 30 June 2017 and was unannounced. The inspection team consisted of one inspector. We spoke with two people living at the home, three care workers and the registered manager. We observed care and support in communal areas and also looked at people's bedrooms with their permission. We looked at two care files, three staff files, including supervision and training records, medicine records, policies, procedures and risk assessments.

# Is the service safe?

## Our findings

At our last inspection in February 2016 the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not consistently being recorded effectively or safely and were also not in line with the service's policy. At this inspection we found action had been taken to address these issues and medicines were now being managed safely.

Medicines were stored securely in people's rooms in storage cupboards that were locked. One care worker told us, "We have medication folders for each service user and medication must be checked by two staff, two staff are better than one." Records confirmed that there were two staff signatures on medicine administration records (MAR). We looked at people's medicine folders and saw that each person had individualised information about the medicine they took, their dosage, the purpose of the medicine and any potential side effects. MAR were being correctly used and quantities of loose medicines were counted on a daily basis and recorded. The registered manager told us, "I think staff are aware I'm going to check medicines every day when I come in as a result of the last inspection. If something is not done properly I will have a one to one with staff. Even now, in supervision we still talk about it, it was a learning curve." This meant that the service was proactive in ensuring that medicines were being consistently managed in an effective and safe way.

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy 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. The service informed CQC of any safeguarding's that had been raised in a timely manner. One care worker told us, "Safeguarding is about ensuring the client is properly looked after and protected from outsiders who don't understand mental health and it's about making sure they aren't abused or bullied. I'd report and voice my concerns to the home manager and we are very careful about that sort of thing." The care worker also told us, "Confidentiality is one of the things we have to be very aware of as support workers." Another care worker told us, "I'd know what to do if I had any safeguarding concerns. Even if the safeguarding issue is noticed out of hours I'd inform the person on-call immediately and the police if need be and let the manager know and also put it in the communication book. There are lots of different types of abuse, financial, physical, emotional..." One person who used the service told us, "Yeah, I feel safe. I just like it here." This meant that care workers had a good understanding of safeguarding adults and what action to take should they have any concerns.

The service had robust risk assessments in place for each person and records confirmed this. For example one person had a risk assessment in place in relation to their personal care. Their risk assessment identified the risk as "High" and clearly stated the potential risk areas. The risk assessment documented how the risk could be reduced and how to support the person in the event of behaviour that challenged the service. Another person who used the service had a risk assessment in place for the risk of slipping and falling whilst having a bath and the risk of being burnt or scalded with hot water. The risk reduction plan stated, "Staff to prompt and ensure [person] checks the water temperature before using it. Staff will have to carry out regular hot waters temperature checks to ensure the water is at correct temperature. Staff will have to prompt and ensure [person] uses non-slip mat in the bath and floor mat. Staff will have to ensure they supervise [person]

whenever having a bath or shower." This meant that care workers were aware of the risks relating to each person who used the service and had clear instructions within care plans on how to minimise and mitigate risks.

People who used the service also had risk assessments in place relating to their mental health needs and these highlighted risk indicators for individuals, warning signs and action plans. For example, one person's risk assessment identified "Early warning signs" and set out the behaviour which would trigger further support. The risk assessment had a management plan in place and the support that was to be offered if the person presented the early warning signs, for example, "Having 1:1 time with [person] giving assurance. Encourage discussion to establish feelings, offer cup of tea with snacks of choice, inform care coordinator/social worker." Another person's risk assessment identified when the person's behaviour indicated they were in need of support to promote their mental health. This person's risk management plan stated the importance of considering a multi-disciplinary approach to their care, "Consider level of support, staff observation. Book an urgent review with consultant psychiatrist, option to hospital admission and calling 999." This meant that care workers had information about each person who used the service relating to their mental health needs and the signs to look for regarding possible relapse.

In addition, people who used the service had risk assessments in place for their medicines. For example for one person's risk assessment stated, "Staff must observe and monitor [person] to ensure that [person] is actually taking medication. Staff to encourage [person] to drink plenty of water with tablets. Staff to ask [person] a question, and get a verbal response back. From this, staff would be able to observe if [person] has actually taken medication or not. All observations around taking medication need to be entered in [person's] notes daily." This meant that care workers had guidelines in place to mitigate against people who were at risk of not taking their medicines.

Care workers told us that before administering medicines to people who used the service, they had to have medicines training and an assessment. One care worker said, "I had training before administering medications and also an assessment which is done by the manager."

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC.

Care workers told us they were confident in knowing what to do in case of an emergency. One care worker said, "I've had first aid training. If we think somebody is not right, our GP is across the road and we can make an emergency appointment or call 999. If we think someone is relapsing we will phone the community mental health team and speak to the coordinator."

The service had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included employment references, criminal records checks, proof of identification and a record of the staff's previous employment. This meant the service had taken steps to help ensure suitable staff were employed.

There were sufficient numbers of staff to ensure people's safety. One care worker told us about staffing levels at the service stating, "We have enough staff for three residents. We always have two full timers who are on all day and a mid-shift worker who mostly takes service users out for appointments or the cinema or bingo." They also told us about cover arrangements when there were unexpected absences, "Outlook Care have their own bank staff and if you're unwell you can call at any time, even in the middle of the night and we will call the on call manager to arrange cover for the next day." Another care worker told us, "We



definitely have enough staff, if we use bank staff it's always the same person which is good for continuity."

## Is the service effective?

### Our findings

Training records showed staff had completed a range of training sessions, both e-learning and class room sessions. Training completed included support planning and risk assessments, 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 care worker told us, "We have so much training. We recently did manual handling and food hygiene. They let us know when training is due. The manual handling training was in a class room setting, a lot of the other sessions are online. The training jogs your memory on a lot of things and I'd feel comfortable to ask for more training, we can approach the manager for this." Another care worker told us, "I have been here roughly nine months. I had an induction and did shadowing. There is an induction work book and they show you everything. It was a proper, detailed induction. We have regular training, and with the online training you watch the video then answer questions. If you get them wrong, you have to go back, it's good and helps you remember. The training is good quality, it helped me settle in here really quickly and easily." This meant that the service was offering a high standard of training to care workers to support them in their role.

Records confirmed that care workers received supervision on a monthly basis and an annual appraisal. One care worker told us, "We have it done once a month, you can't escape it. It is useful, there are certain things they ask you and any concerns or worries, you can bring them up and we talk about clients. The registered manager supervises me at the moment." Another care worker told us, "I feel supported, I have supervision once a month and various things are discussed; the service users, support, activities, any concerns and personal development. The registered manager is supportive, supervision is a good forum." Supervision records showed that medicines were discussed at every session, as a result of our last inspection in February 2016. This meant that the service was proactive in ensuring that care workers were well informed about medicines management and the registered manager told us this was a good way of making sure care workers had a consistent understanding. They also told us, "We have a system now that remind you when supervision and appraisals are due so that everyone is consistently supported."

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 found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. One care worker told us, "I've had MCA training. It's about capacity to make informed decisions. Generally it's about service users having capacity to make a decision that isn't detrimental. If they're making the wrong choice, they're human beings, and we

won't impose but we try to explain and more often than not they will usually understand." 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 were being met. At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for two people who used the service.

The service supported people to prepare food and there was a weekly menu for people to decide on the menu and food shopping items and records confirmed this. We looked at the menu and saw that it was different every day. One care worker told us, "We discuss the menu with them and all three residents will sign the menu and that they've agreed to it, sometimes they don't want a certain thing on the menu so we change it. They decide. On Sunday we have a cooked breakfast and if they want a cooked breakfast during the week then they can have it, there are no restrictions." The care worker also told us, "We try to vary the menu, they all like fish and they have a take-away on a Thursday." They also told us, "There are no restrictions in the kitchen, people come and in and help themselves. We encourage them to try and cook, they'll peel vegetables for example." One person who used the service told us, "I peel the potatoes and that." Another person who used the service told us, "I help myself [in the kitchen]. I like to do it too. I choose the food." Another care worker told us, "They're all involved in deciding on the menu and there is enough diversity in the foods." During our inspection we observed people who used the service accessing the kitchen without restriction to prepare drinks and food. A care worker told us, "There's always fresh fruit available. I've got some watermelon cut up in the fridge which I will offer out shortly. Recently we've had hot weather and we've been putting out big jugs of water to keep hydrated." During our inspection we saw that a variety of fresh fruit was available in the kitchen and in the fridge as well as jugs of water and juice.

People who used the service were supported to go out in the community for lunch and dinner. One care worker told us, "The people here like going out for lunch. One service user loves going out to a [specific] restaurant. They love goat curry and rice and we take the person there at least once a week." This person told us, "I like going to this restaurant." We saw in this person's care plan that they had a menu for this restaurant and their care plan reflected their desire to visit there once a week. The care worker also told us, "Last night we went out to [restaurant] for a curry night. They all love drinking Coca Cola when we go out but we ensure that [person] who is diabetic chooses a Diet Coke instead. One person who used the service didn't like chicken and the care worker told us that they always offered them an alternative such as beef and this was reflected on menu records. This meant that people were supported with making appropriate choices in relation to their dietary needs and preferences.

People who used the service were supported to maintain their health needs and had access to healthcare services. People's care plans included details about their recent appointments to their GP, Community Psychiatric Nurse, optician, as well as records showing regular blood tests, medication reviews and social worker visits. We saw that these documents were categorised in date order and future appointments were documented in care plans and the 'house diary'. In addition, we saw records where referrals were made to relevant health services. One person's care plan stated, "To see stop smoking nurse to aid me to stop smoking." As a result of this person's request to stop smoking, we saw that a referral had been made to the 'Stop Smoking Department' at their local GP and they had been placed on a 12 week programme in October 2016. At the time of our inspection, this person told us that they were no longer a smoker and care workers told us that with encouragement and support, the person had abstained from smoking successfully. A care worker told us, "We had concerns with [person's] smoking and we are delighted that [person] has stopped."

People's care plans contained instructions from health professionals, for example one person's care plan stated, "[Person] was seen by [GP] and he advised that [person] should be encouraged to sit outside in the early morning sun to benefit from natural vitamin D." During our inspection we observed a care worker encouraging the person to sit outside in the garden as it was a sunny day and we observed positive and supportive interaction between the care worker and person who used the service.

## Is the service caring?

### Our findings

One person who used the service told us about the positive relationship they had with care workers. They said, "Yes, they are caring, they do look after me, never force me to do anything." Another person told us, "[Care worker] is very nice."

One care worker told us about the importance of treating the people they cared for with dignity, "It's to respect their choices and everything is done to comply with making them happy. Ensuring the person is treated with respect, for example knocking on doors and waiting for them to say "come in", and I always greet them with "hello, how are you?" Another care worker told us, "If I didn't have passion to have a positive impact on another person's life, especially vulnerable people I wouldn't be here. I feel so fulfilled and happy to help people. It has to be passion driven."

People who used the service were encouraged to be as independent as possible and one care worker told us how they did this in relation to personal care, "With [person] we support them with personal care by prompting. We encourage [person] to dry [themselves] with a towel from top to bottom. I give [person] the towel and encourage [them] to do it [themselves]." Another care worker told us, "We try as much as possible to encourage people to be independent, for example choosing what to wear, helping them to have opportunity to make choice." During our inspection we observed a care worker encouraging a person who used the service to put their empty plates into the dishwasher after breakfast in a polite and positive manner.

People who used the service were given privacy and time alone and we observed this during our inspection where one person had returned from a walk and had gone to their room. A care worker told us, "It's their choice to have alone time. For example [person] smokes and they'll come down in the morning and we'll encourage them to have breakfast, they have their cigarette and then go and lie on the bed. That's their private time. We do give them all as much private time as they want."

Care staff recognised the importance of treating people as individuals. One care worker told us, "It doesn't bother me if someone at the service identified as lesbian or gay. I wouldn't treat them any different."

A care worker told us that no one who was currently using the service had any religious needs and care plans reflected this. They said, "If anyone wanted to go to a place of worship we'd take them. I used to take a lady who lived here to the [place of worship]."

## Is the service responsive?

### Our findings

Care workers told us how they got to know the people they cared for. One care worker said, "Firstly, I introduce myself and tell them I've worked here a long time. I ask them how they feel about coming here. I ask people about their likes and dislikes and find out what motivates them to be as independent as possible." Another care worker told us, "When I first started working here I read through everyone's folders to get to know everyone. The care plans are good and thorough and apart from the care plans I engage in conversation with people to get to know them more. I have a good relationship with the residents."

People's care plans contained a 'one page customer profile' which had information about what was important to people who used the service. For example one person's stated, "To be able to continue to access the community with support and to be able to have my cigarettes and be supported to buy it." Another person's stated, "Going to college and attending other activities organised for me by my keyworker and other staff." Records confirmed that people were supported in line with their preferences and their daily records of care reflected this.

Care plans were personalised and reflective of people's individual needs and preferences. For example one person's care plan stated, "I would like staff to prompt me to change my clothes that I have on, and to put on clean clothes. I would like staff to remind me to put my dirty clothes into my laundry basket ready for wash." One care worker told us, "[Person] has the tendency not to change their clothes unless we prompt and will put the same clothes on every day so I lay [person's] clothes out...fresh underwear, socks and a vest." They also told us that care plans enabled them to provide person centred care, "The care plans are thorough, most definitely so. We adhere to the guidelines in care plans and I know the clients so well, I know their habits, I know if something was amiss." This meant that care workers had the information they needed to support each person who used the service in accordance with their individual needs. Care plans were reviewed every six months and records confirmed this.

One care worker told us about the different activities that were on offer to people who used the service, "We have got various games and I bring in magazines. We encourage them with games, cards, taking them to bingo. I'm trying to persuade some of them to attend a dance class. We have a gardener but I always try and encourage them to do some gardening and spend time in the garden but you can't force people, we just encourage them." Another care worker told us, "[Person] is involved in an IT course at college. I don't think the residents here are bored, there's enough to do. We always go for lunch, the pub or something. They go on holiday every year and we are currently planning to go away this year." A person who used the service told us, "I like going out." This meant that people who used the service were supported with activities in line with their individual preferences.

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. One care worker told us how they would support a person if they wished to make a complaint, "I'll show them how to make a complaint. We take care of our residents." One person who used the service told us, "I'm happy with them [care workers]. If unhappy I'd tell the nurse or my [relative]." Another person told

us, "I'd tell the staff [if unhappy about anything]." The service had not received any complaints since our last inspection.

## Is the service well-led?

### Our findings

A care worker told us about the working culture at the service and stated, "All of us here, as a collective team are excellent. We try to help each other as much as we can. This service works well as a team and I know my limits, if I am stressed I'll call on a colleague for help and they will always help."

Care workers told us about the working relationship with the registered manager. One care worker said, "Our boss is excellent and can be contacted day or night and she always tells us that. [Registered manager] is an excellent woman. She's the best thing that happened to this place. She'll always tell you straight and we all have a good rapport with her and can go to her at any time." Another care worker told us, "The registered manager is a brilliant woman and doesn't mind helping us. Generally it's a really happy place to work." The registered manager told us, "I am here every day and I am always on call." They also told us about their management style and stated, "I'm open to different ideas from the team and I am flexible but I don't fail to be firm. We are looking after people and that comes first. The current team here are great and very settled."

The registered manager told us about the support they received, "My line manager supervises me, I have regular supervision with her. My supervision has increased and I feel supported."

People who used the service completed an annual survey that asked questions about pertaining to how happy and satisfied they were with the service. We looked at the most recently completed survey from 2016 which was completed by four people who used the service. All of the people said that they felt safe at the service and that staff were kind and caring. All of the people stated that they were able to receive support to live the life that they chose and that if they were unhappy about something, they would get the help to make things better.

There was a monthly residents meeting and records confirmed this. Topics covered included health and safety, repairs, security, activities, complaints and chores. This meant that the people who used the service were actively involved in their care by taking part in these meetings. The service also had monthly staff team meetings and records confirmed this. One care worker told us, "At team meetings we can put all our points of view across, it's useful."

The service carried out a quarterly audit and records confirmed this. Areas that were audited consisted of care plans, documentation, staff records, risk assessments and staffing levels. The service also carried out themed audits on a quarterly basis such as accidents and incidents, health and safety, financial records, medicines, support planning and risk assessments and daily records. This meant that the service was monitoring the quality of documents and care provided in order to support people who used the service.