Outlook Care

Outlook Care - Dagenham Road

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

We inspected Outlook Care, Dagenham Road on 10 May 2016. The inspection was unannounced.

The service is registered to provide accommodation and support with personal care for up to eight adults with mental health needs. At the time of inspection, the service had eight people using the service.

There was a registered manager in place 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.

Systems were in place to ensure people using the service were safe.

Policies and procedures were in place for safeguarding and whistleblowing and staff demonstrated a good understanding of safeguarding procedures and what actions they would take.

The service had a robust staff recruitment system. All staff had references and Criminal Record Checks were carried out.

The service had robust risk assessments in place. Risks assessments were detailed and included actions that had been taken to mitigate the risk.

Medicines were stored safely in people's rooms in a lockable safe. People's care plans included personalised information about the administration of medicines.

Staff recruitment was robust. Staff took part in an induction programme and extensive training courses. Staff received regular supervision and one to one sessions with management.

Care plans were personalised and people were involved in their assessments and care planning. People had access to healthcare professionals and referrals were made when needed. People were involved in cooking and meal times and food options were varied.

People using the service told us they were well cared for and that staff were caring. People were supported with their finances and these were monitored accordingly.

The registered manager had quality assurance practices in place to monitor the quality of the service and make improvements when necessary.

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. Care staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place. They were detailed and robust.

Medicines were administered and recorded safely.

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

Is the service effective?

Good

The service was effective. Staff took part in a two week induction programme and undertook regular training.

Staff demonstrated knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and how they put the principles into practice.

People were being supported with meal preparation and staff had understanding of individual nutritional needs.

People had access to health care professionals as appropriate.

Is the service caring?

Good

The service was caring. Positive and caring relationships were developed between staff and people using the service.

The service supported people to express their views and be involved in making decisions about their care, treatment and support.

The service supported people in promoting their independence

Is the service responsive?

Good

The service was responsive. Care plans were person centred and included details about the person's likes and dislikes.

People's cultural beliefs were adhered to staff told us about the different religious and cultural needs of people using the service.

Complaints and concerns were encouraged and responded to. Information on how people could complain were displayed in communal areas.

Is the service well-led?

Good

The service was well led. The service promoted a positive culture.

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

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

Outlook Care - Dagenham 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 the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the registered manager of the service, two care workers and seven people who used the service. We looked at four care files, daily records of care, two staff recruitment files, training records and policies and procedures for the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "Yes, I do feel safe". A second person said, "I feel safe. In an emergency I'd tell a staff member. There's always someone here, they are awake at night if I need them".

Policies and procedures were in place for safeguarding and whistleblowing and staff demonstrated a good understanding of safeguarding procedures and what actions they would take. One member of staff explained, "I would tell the team leader or service manager if I had any safeguarding concerns. If I suspected it was anything to do with the manager, I would tell CQC. We have a hub with all the telephone numbers of the authorities." We saw documentation relating to the 'hub', which included relevant telephone numbers and a list of local authorities. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. One member of staff told us that they were aware of the whistleblowing policy and how to raise an alert. They told us, "I would feel protected, I would contact CQC."

The service had a robust staff recruitment system. All staff had references and criminal record checks carried out before they began work. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service.

Accident and incident policies were in place. Procedures of how to raise alerts were clearly documented in the relevant policies. We also looked at policies such as medicines, clinical waste and health and safety.

The service had robust risk assessments in place. Risks assessments were detailed and included actions that had been taken to mitigate the risk. For example, one person was assessed as at risk of falls in the bath. Their risk assessment stated, "[Person] has been provided with a non-slip mat, also grab rails are in place." For one person who had recently had a fall, their risk assessment was updated accordingly to reflect the incident and we saw documentation of a referral to a falls clinic. This person's risk assessment stated, "Staff to monitor and observe [person] when he is moving about the home, to monitor and support and supervise when he gets up from chair or sofa." One person using the service was assessed at risk of overdose. The risk assessment gave guidelines how this person's medicines were to be managed to keep them safe.

Staff told us they were mindful of changes in people's needs and how this could affect risk assessments. One member of staff told us, "If I see any risk that might affect anyone or change anything I will speak to the manager and then adjust the person's risk management plan. For example I recently thought [person using the service] bed was too small so we have now made arrangements to change the bed." This meant that the service was able to identify risks and make arrangements to support people.

The service had a sufficient level of staffing. One member of staff told us, "Of course there are enough staff. We work as a team. We move around the house and the different areas. Cover arrangements are in place, we have bank staff who are on standby and people are always ready to come to work. We have staff at night, there are always enough people here."

People at the service were supported with their medicines. Care plans for these people contained information about their medicines and doses. Medicines were stored safely in people's rooms in a lockable safe. People's care plans included personalised information about the administration of medicines. For example one care plan stated, "I want staff to talk to me while administering medication, I tend to keep on asking why I am taking this medication". We spoke to this person and they told us staff provided the support they requested.

Staff guided us through the medicines administration procedure. One staff member told us, "Before giving medicine we wash our hands and then get the medication folder. We make sure the service user is ready. We have some medicines in blister packs and some in packets. We check the audit trail for these and check quantities. Once we have dispensed, we make sure to document immediately and sign the Medication Administration Record (MAR) sheet. The service user also has a signing sheet once they have taken their medication." During the inspection we observed that this procedure was taking place in line with the service's medicine policy. Staff told us what they would do if they made any medicine errors. One member of staff explained, "I'd inform the team leader and document the error and call the GP or nurse."

Medicines audits were completed on a monthly basis by the registered manager and checked whether quantities of medicines were accurate, whether any errors were recorded and if entries had been signed by two members of staff. Records confirmed medicine audits were being completed.

The registered manager conducted quarterly checks on the safety of the premises as well as the infection control of the service and we saw records relating to this.
We spoke with two people at the service who were supported with their money. Their care plans contained information about 'economic wellbeing'. One person was documented as being given, "£5 per day to buy what I want. I want to be supported to go to the bank to withdraw my money." Staff told us a handover form was completed every day to reflect any financial transactions and to keep a record of financial activity. We saw that receipts were kept for all transactions. One person using the service told us, "I have access to my money. I get it from the safe from my room." Another person told us, "I sign whenever they give me money. I'll go to the bank with staff, I put my PIN number myself. The staff help me with my money. I want them to help me."

Good

Is the service effective?

Our findings

Staff completed an induction programme which included shadowing a senior member of staff. One member of staff told us, "When I came here, I was put through shadowing a team leader for two weeks. I didn't administer medication until I had intensive medication training which took about two months, which consisted of online training and then a physical assessment before I could administer." The same staff member told us the training was extensive and on-going. Records showed staff had attended training courses regularly. Training included safeguarding adults, support planning, risk assessments, administration of medicines, equality and diversity and manual handling, mental capacity and deprivation of liberty safeguards. Staff also received a probationary performance appraisal which included a review and assessment of medicine administration.

Staff received supervision once a month and we saw records in relation to this. Staff told us, "We have supervision once a month. It's very useful, any problems we can discuss, if anything is unclear we talk about it, we can discuss personal issues too". Records showed that annual appraisals were also taking place.

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).

Staff demonstrated an understanding of the principles relating to the MCA. One member of staff told us, "For example going out, everyone here has a key. If we had any concerns about mental capacity we would consult the health professionals such as the CPN (community psychiatric nurse) and document it all." One person living at the service said, "We go out and come back when we please. I've got a mobile phone I can use to let them know if I am going to be late." Another person told us, "I feel free to go and come as I please. I have a front door key." A CPN who was visiting on the day of inspection told us, " No one here is subject to DoLS and they are all capable of going and coming as they please, this is one of the best places for my patients, I never worry."

Care plans contained information about diet and nutrition. Each person at the service had a designated day of the week where they cooked for other people using the service. One person told us, "The food is very nice, we have lots of salads and chicken stir fry. I cook spaghetti Bolognese on my cooking day which is a Wednesday. Staff help with cooking if we can't manage." Another person using the service told us about their designated cooking day and that they, "Like to cook pizza." Staff told us that meals were planned with people using the service every Sunday. One staff member told us, "The residents choose what they want to cook. We decide altogether on what they're going to make every Sunday, we have a meeting. Every week we try and make it different. There are recipe books for those who can't decide but we all love to watch the Food Network channel for inspiration and we will use YouTube to watch cooking demonstrations too." We

saw records of these meetings and the menu planning that was taking place. During the inspection we observed a person whose day it was to cook preparing food in the kitchen with some support from staff.

Cultural and religious needs of people using the service were considered in relation to food choices. A member of staff told us, "We have cook books from different cultures and we have staff who are from the same place as some of the residents who will cook traditional food, we empower [person using the service] to maintain their cultural needs."

During the inspection, we observed people who used the service making tea and preparing snacks without restriction.

People had access to healthcare services, for example we saw records of appointments attended at a diabetic clinic, community alcohol service, blood tests and records of Community Psychiatric Nurse (CPN) and GP visits. At the time of inspection, a health professional was visiting a person at the service and told us that staff were, "Pro-active", about contacting her if there were any concerns and said, "They're quite willing to put into place things I've suggested. They are responsive to emergency situations, for example when one of my patients was feeling suicidal, they called me but also dealt with the situation well." They also told us, "I've never had a problem. All of my patients seem happy. I do unannounced visits and they're always really welcoming."

Good

Is the service caring?

Our findings

People using the service told us staff were caring. One person said, "They're [staff] nice and they're caring. If I've not been well I tell them and they call the doctor." Another person using the service said, "[Staff] respect me. I feel comfortable with them. They listen to me." A third person told us, "It's a nice home, we have our own bedrooms."

People told us their privacy was respected by all staff and told us how staff respected their personal space. One person using the service said, "The people here are nice, the staff are nice, they talk to you and play games, I like to play chess with them". Another person told us, "[Staff] give me time alone in the bath. They always knock before entering my room and I feel listened to." A third person said, "The care here is good, it's fantastic."

People at the service felt involved in planning and making decisions. For example, one person using the service had chosen the décor of their room, they told us they looked at colour charts and made the choice of how they wanted their room decorated.

Rooms were personalised and individual to people's preferences. Staff told us they respected people's choices, one member of staff stated, "Sometimes residents will decline support. If they decline support we can only encourage, we can't force anyone". One person using the service said, "We choose what we want to eat and what we want to do every day, we are not restricted."

We observed people using the service going in and out of the home, some were in their rooms listening to music without restriction and others were sitting together in communal areas. People told us the service was, "Homely."

During the inspection we observed staff interacting with people in a caring way. We saw an example of this in the kitchen when a person who used the service was making a hot drink, a member of staff interacted with them in a friendly manner, making conversation and allowing the person to make their drink independently.
People's independence was promoted and we saw examples of this in people's care plans. For instance, people were encouraged to go out into the community and use public transport independently, but support was provided when needed. We saw an example of this during our inspection when one person went to the local shop independently. They were asked if they wanted company by a member of staff and they said no. This was respected and the person went out and returned later on.

Good

Is the service responsive?

Our findings

Staff told us they got to know people using the service by looking through their care plans. One member of staff told us, "I look through care plans, I sit with them, chat with them. There's enough time to get to know people. Last year we went to a village outside London and it felt like I got to know the residents better. It was a privilege to get to know them more."

Care plans were personalised with people's preferences. Each person's care plan contained a 'One page profile', with details such as, "I like watching TV and I enjoy watching football, I like poems and music". We saw that these activities were taking place and were documented in this person's daily records of care, for example a recent entry for this person stated, "Support with medication, stayed up until 23:30hrs watching football in his room. He woke up at 04:30am made a hot drink and went back to his room." People's care plans included an, "Activities sheet", which was signed when activities were completed, for example, "Watched football, laundry, went shopping and monthly snooker." This meant that people were able to carry out activities of their choice and it was being recorded in their care plans. People told us that their cultural needs were being adhered to. One person who used the service told us that watching films in their own language was "Enjoyable", and that they were able to watch these films regularly.

People's care plans highlighted the support they needed and how this support was to be delivered. For example, one person's care plan stated, "[Person using the service] has requested that staff be in his room while he is shaving himself to talk him through unshaven areas". We saw that this was happening in a personalised manner by looking at this individual's daily records of care. A recent entry for this person stated, "[Person using the service] was supported with personal hygiene (shaving) and encouraged to wear clean clothing."

Care plans were signed by people using the service and their individual key-workers. This showed that people were contributing to their assessments and they were involved in their care planning. Care plans were reviewed every month and records confirmed this.

People using the service told us if they had any complaints, they would tell the manager. One person using the service said, "If I was not happy, I'd definitely say. I would go and speak to the team manager who's very nice."

A member of staff explained, "If someone made a complaint to me I would document it in their care plan and report it to the manager." The complaint's procedure was available for everyone to access in communal areas of the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. One member of staff told us, "They're supportive." One person said, "[The registered manager] is very nice and gets everything done." The registered manager told us they operated an, "Open door policy", and that they were, "Reachable all the time." Staff working at the service told us they were able to contact the registered manager when needed. The registered manager sent us statutory notifications and was aware of when they would need to notify us of anything in a formal capacity.

Staff meetings took place on a monthly basis. The most recent being on 14 April 2016 and included discussions around health and safety, infection control, new staff, the service users going on holiday, medicines and reviews. Staff told us the team meetings were "Useful."

Resident meetings took place every month and we saw records of this. A member of staff told us, "We involve the residents, they take the minutes of the meetings and we will get one of them to chair which they like doing. Resident meetings take place on the last Sunday of every month." Records of the meetings included discussions on fire drills, cleanliness and food hygiene. One person using the service told us, "The resident meetings are not bad. We talk about holidays and what we'd like to be doing."

The registered manager told us about the quality assurance practices they carried out on a quarterly basis. This included a service quality report, which looked at aspects such as support plans, safeguarding's, medicines, keyworker sessions, health and safety, recruitment, staff cover arrangements, mental capacity and deprivation of liberty audits. The registered manager showed us the relevant audit documentations, which showed quarterly checks were taking place.

The service carried out annual surveys with people using the service. Questions included whether people felt safe in their home and whether they wanted to make any suggestions. We saw records of these surveys and people stated, "I feel safe in my home", and "Staff help me live the life I choose". This meant the service was actively monitoring the quality of the service.

There were policies and procedures in place to ensure staff had the appropriate guidance and staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current.