

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Outlook Care - Veronica Close

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8JW

Tel: 01708378856

Date of Inspection: 28 January 2013

Date of Publication: February
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Outlook Care
Registered Manager	Ms. Sue Carillo
Overview of the service	Outlook Care - Veronica Close is a ten bedded residential unit providing care and support for adults with learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with people who use the service but due to the degree of their learning disabilities they were not able to give us a great deal of verbal feedback about the quality of the service. We observed how people were supported by the staff team and we spoke with people's relatives. People were happy at Veronica Close and liked the staff. Relatives we spoke with felt that the staff were approachable and that the service their relative's received was good. One relative we spoke with told us "I've never had a problem since she's been there, I've got no complaints". Another relative told us "she is very happy there, they look after her well".

People were supported and cared for according to individual assessed need and were involved in decision making about their care. There were appropriate arrangements in place to safeguard people from abuse and there were suitable numbers of trained staff to meet the needs of the service. Quality monitoring checks were in place to ensure the service met suitable standards.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Individual assessments included sections that sought people's views and preferences. Sections included 'what is important to me' and 'how I like to be supported'. Individual support plans incorporated people's views on how they wanted to be supported. Sections covered aspects such as how people liked to spend their money, how people wanted their healthcare to be supported and what people enjoyed doing. Bedrooms were decorated to people's choices of pictures, colour scheme and duvets.

People who use the service told us that they liked living at Veronica Close and that they liked the staff. People told us what they enjoyed activities such as art classes and going out. Staff we spoke with were aware of people's individual choices and preferences about how they wanted to be supported. For instance, having female carers and not liking showers.

The service kept people's relatives informed of their progress and of any developments in their care. Relatives' involvement was encouraged where people were happy with this. Family members attended care reviews. One relative we spoke with told us "staff treat people with respect", while another told us "they keep in touch when she goes to the doctors. I call them if I am worried about something. We have a good relationship".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There were detailed individual assessments that covered people's health, history, likes dislikes and risks. People had individual support plans and care reviews were taking place on a regular basis. A monthly outcome report was completed for each person which detailed people's progress with activities such as food preparation and care and support such as dental appointments.

People had capacity assessments on specific activities such as voting, finances and having a flu jab. We spoke with relatives who told us that they felt staff looked after people well and supported people to attend healthcare appointments such as GP and hospital appointments. One relative told us, "They keep me informed of things like when they take her to the GP, and they tell me about things when I go there".

A variety of healthcare professionals such as speech and language therapists, specialist epilepsy staff and psychiatrists contributed to meeting people's healthcare needs either by visiting the home or through people attending appointments with staff support. Everyone was registered with a local dentist and a local GP who carried out annual health checks and reviewed people's medication.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Safeguarding policies were in place from both the service provider and the local authority. This included a flowchart outlining the process of referral and disclosure. The contact numbers of the local safeguarding team were easily located on an information sheet held in the staff office.

Staff were trained in safeguarding awareness and demonstrated a good understanding of what constituted abuse and how to report it. The service demonstrated that it made contact with the local safeguarding team to discuss potential referrals and gain advice about specific issues. The service also demonstrated that it had recently worked on a particular issue alongside the local safeguarding team in order to protect a person who lived at the service.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. A shift leader ensured that daily tasks such as appointments, daytime activities and medication administration were allocated to staff. A staff handover meeting took place twice a day between shifts to ensure that information regarding people's care was passed on. Staff numbers for the day and night time were demonstrated on the rota. We were given examples when staff numbers had been increased when the needs of the service increased. For instance, when new people moved in, night time staffing had been increased to give additional support to people.

Training records demonstrated that staff were trained in core subjects such as food safety and manual handling and were also trained in subjects specific to the needs of people living at the service. For instance, staff were trained in autism awareness and learning disability and ageing. The manager told us that when new issues arose with people living at the service, the provider's training department would source new training, thus enabling staff to meet people's changing needs. Bereavement and positive behaviour management (managing challenging behaviour therapeutically and with respect) were examples of this. Training records were monitored by the service provider's training department who ensured that staff kept up to date with training.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. Quarterly themed reviews took place to check on different aspects of the quality of services. Recent reviews included checks on care records, medicines and finance. When a themed review had been completed by the manager, the service provider's area manager checked the findings and wrote requirements, recommendations and commendations. Where requirements or recommendations had been written, they were followed up by the service manager to ensure they had been actioned. A change in the way medication was administered by staff was given as a recent example where the service had been improved as a result of a recent themed review. Other checks on the quality of the service also took place. For instance, health and safety audits, kitchen monitoring checks and fire safety checks.

The provider took account of complaints and comments to improve the service. The service did not conduct a relatives' survey on the grounds that relatives who were involved in people's care visited the service and were able to discuss issues with staff at any time. Relatives we spoke with felt able to approach the service with any issues they wanted to discuss. Complaints were recorded and referred to the service provider's complaints team who responded. We were given examples of the service taking complaints in to account. For instance, changing the date of a care review to fit in with a relative's arrangements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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