

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

## Outlook Care - Veronica Close

86-88 Veronica Close, Harold Hill, Romford, RM3  
8JW

Tel: 01708378856

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2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 February 2014, 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.

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### What people told us and what we found

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People's relatives told us that they had observed that staff were kind and people were happy at Veronica Close. We found that people received support that safely met their needs. Health professionals and relatives were involved in planning people's support. One person's relative said "the staff are very good at letting me know what is going on." When people did not have the mental capacity to make a decision about their health treatment for example, legal requirements were met.

The provider had ensured that staff gave people their medicines safely. We found that the building was suitable, clean and well maintained. Staff received support and training to deliver care to an appropriate standard. A person's relative told us "the staff are very good. I really cannot fault them. They certainly know their job."

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. Staff implemented the organisation's procedures in relation to decision making for people who were unable to give informed consent. People's records included copies of assessments of their mental capacity. These set out how staff had clarified whether they were able to understand relevant information in order to make a decision. For example, a person's capacity to understand the implications of a specific medical procedure had been documented.

A 'best interests' decision had been made when a person was unable to make the decision themselves. Health professionals and people's relatives had been involved in making such decisions. A person's relative told us "there are lots of things they can't understand but we all work together to plan what is best for them. I have been involved and accompanied them to hospital."

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and their assistance was planned and delivered in line with their individual care plan. We checked four people's files. People's needs had been assessed when they started to use the service. A support plan was then developed. Each person's plan was reviewed every six months to ensure that it continued to effectively address the person's needs.

Plans set out how the service would assist the person with regard to keeping well and social participation. For example, there was detail of how a person would be assisted with their personal care and to participate in activities of their choice. People went out to a range of activities. A person told us "I enjoy going out to my club."

Risk assessments had been completed in relation to issues such as a person's mobility problems. These clearly set out the nature of the risk, how it would be reduced, the views of the person and the views of others (such as health professionals and their relatives). Assessments had been updated when necessary to ensure that people received safe support.

People received support that ensured their welfare and safety. Records showed they received regular health checks and had seen dentists and opticians. A person's relative told us "X gets excellent care. They let me know if she is unwell and make sure she goes to all her health appointments."

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Medicines were safely administered. People's needs in relation to support with obtaining and receiving their medicines had been assessed. Their support plans included information on how staff assisted them with their medicines.

People received their medication in their own room. Medicines were kept securely in locked cupboards. We checked four people's medication administration records. They showed that people had received their medicines at the correct time and dose. People's medication records were checked three times a day (at the end of each shift) to ensure they had been completed correctly.

Some people went out of the service from time to time for long periods to visit their relatives. The service had prepared detailed information for people's relatives about people's medicines. This ensured that people received their medicines safely in these circumstances. Some people were prescribed medicines that were to be taken 'as required.' There was detailed guidance for staff in terms of how a decision to administer such medicine would be made and recorded.

Staff received medication administration training, undertook written tests and had been observed administering medicines. Their skills were re-evaluated each year to ensure the required standard was met. People only received support with their medicines from staff who the provider had assessed as competent in this area.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. The property (a large house) was spacious and well-lit. People said they enjoyed using the garden in the summer. People showed us their bedrooms. These reflected their individual preferences in terms of decor and furnishings.

People had a choice of rooms downstairs which they could use. When we visited some people were undertaking artwork in one room whilst other people relaxed in different rooms. Staff completed a daily cleaning schedule which covered all areas of the home including kitchens and bathrooms. We found the building was clean and well maintained throughout.

The provider made regular health and safety checks of the building. This ensured any maintenance issues were identified and dealt with at an early stage. We found that electrical and heating systems had been appropriately tested and maintained to minimise risks to people. Fire evacuation procedures were fully planned and practised. A record was kept of when maintenance issues (such as a toilet seat requiring replacement) were reported and resolved.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. They told us they received support and training which enabled them to assist people effectively. Staff had been trained in relevant topics such as support planning, food safety and positive behaviour management.

Staff files included a copy of an 'annual performance appraisal form'. This covered key areas of the staff member's work performance, such as record keeping. Any areas for improvement were noted. A plan was then made to arrange the support and training they needed to meet the required standard.

Regular group supervision meetings were held. Notes of the February 2014 meeting included a record of the discussion on staff training needs, service user issues and fire evacuation procedures.

A person's relative told us "the staff are very good. I really cannot fault them. They certainly know their job."

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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