

Care Outlook Ltd

Care Outlook (Oxford)

Inspection report

Unit 4 Block A, 17 Pony Road
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27 November 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Care Outlook Oxford is a domiciliary care agency. It provides personal care to people living in their own homes in Oxford and the surrounding areas. The service was providing personal care for 35 people.

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

Care Outlook Oxford ensured people received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

We received positive feedback from all people and relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to building of meaningful relationships. Staff recognised what was important to people and ensured an individually tailored approach that met people's personal needs, wishes and preferences was delivered.

People were supported by caring staff that knew them well. People were supported to maintain relationships with their families and friends. People's independence was promoted, and they received support to achieve their goals and reduce social isolation.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

The service was well-led by a new manager who was committed to improving people's care. The manager had only been in post for two months and had already identified areas to improve and was working through an action plan. The provider had quality assurance processes in place which were effectively used to drive improvement.

Rating at last inspection:

At our last inspection we rated the service good. Our last report was published on 8 June 2017.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Care Outlook (Oxford)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Care Outlook Oxford is a domiciliary care agency. It provides personal care to people living in their own homes in Oxford and the surrounding areas. Not everyone using Care Outlook Oxford receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection activity started on 26 November 2019 and ended on 27 November 2019. We visited the office location on 27 November 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of

concern. We also reviewed the provider's previous inspection report. We also reviewed the provider's previous inspection report.

We spoke with seven people and three relatives. We looked at three people's care records and two medicine administration records (MAR). We spoke with the manager, the provider, the assistant manager and four care staff. We received written feedback from two staff members. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We received feedback from two professionals who regularly worked with the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management:

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessment included areas such as their mobility, environment, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- People told us they felt safe receiving care from Care Outlook. One person said, "I do feel safe when they're here."
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "If I had any concerns, suspected or witnessed any type of abuse I would report to care co-ordinator or manager. I would report to the Oxfordshire Safeguarding Adults Board, social services or CQC."
- The provider had safeguarding policies in place and the team reported concerns accordingly.
- The provider had a business continuity plan that included various emergencies.

Staffing levels:

- The service had enough staff to ensure people were safe. People told us they never experienced any missed visits and always knew which staff member would be coming. One person said, "I always know who (which carer) is coming, they send me weekly schedules. Never late and never miss a visit."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely:

- People received their medicines as prescribed.
- Medicine administration records (MAR) were completed fully and accurately. Staff supporting with medicines signed the MAR to confirm people had taken their medicines. People told us staff supported them with medicines safely. One person told us, "They give me my meds, they're all in a Dossett box so they can't make a mistake, I know what tablets I take and it's always correct."
- The provider had a medicine policy in place which guided staff on how to administer medicines safely. The policy took account of the local shared care protocols. Shared care protocols are a shared agreement between organisations which ensures safe management of a prescribed medicine.

Preventing and controlling infection:

- Care Outlook had infection control policies and procedures in place.
- The provider ensured staff were trained in infection control.
- People we spoke with told us staff followed safe infection control practices. One person said, "They wear gloves all the time and aprons when needed."

Learning lessons when things go wrong:

- The provider ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, audit outcomes and accident and incidents were used as learning points to improve care.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider ensured people's needs were assessed before they received care from Care Outlook to ensure those needs could be met and individual care plans put in place.
- People's records showed they were involved in assessment and care planning processes. One person commented, "We had an assessment before, they came to me and asked what my needs were."
- People were positive about support received. One person said, "The staff get on very well with my children, my children really appreciate them too."

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. One person commented, "One of my regular staff had a new staff shadowing her earlier this week."
- Staff told us they felt supported in their roles through one to one meetings with their line managers. One member of staff said, "Supervisions for me are every month and a half. They are useful because if I have any concerns about clients or work in general I can communicate to the manager or care co-ordinator and I feel supported in finding a solution."
- People and their relatives told us staff were knowledgeable. One person said, "Staff are well trained, and they get used to finding their way around quickly."
- Staff told us further training was available and the provider consistently offered it to ensure staff development.

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

- People's nutritional and hydration needs were met.
- Care plans gave detailed guidance on people's needs, including their preferences and any allergies.
- People's records showed staff worked closely with relatives to ensure adequate nutrition. One person commented, "I get myself cup of tea and wait for them to come and prepare my breakfast." Another person told us, "They help me with lunch, I tell them what I want to eat, usually have a sandwich."

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

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- Care Outlook was flexible enough to ensure people attended hospital appointments when required. One person told us, "They're flexible company, I may cancel or change a visit and they will accommodate."

- People and their relatives told us they were supported to access on-going healthcare support. One relative said, " They helped me to contact a district nurse when I had skin problems and they were concerned about it."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care at home services, this is usually through MCA application procedures called the Court of Protection.

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

- People's rights to make their own decisions were respected and people were in control of their support. One member of staff explained, "People have rights to make own decisions. One person I am going to now, we need to assist the person to change clothes and we need to do it in their best interest and if we were concerned we'd report to the office. We assist the person to change as often as possible and I'd explain the reason for that."
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. People were given choices as staff worked to the principles of the MCA.

Is the service caring?

Our findings

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

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

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

- People and relatives were very positive about the care they received and told us staff were caring. People told us, "They are absolutely wonderful. They have a natural way to be caring. They don't put on a show they're just themselves", "I had two different companies before and they were not as good as Care Outlook. There's not one carer that is not excellent, they're all lovely and believe me I am really fussy" and "The ones that come to me they're absolutely lovely." One relative said, "It gives me a huge deal of peace of mind that your parent gets excellent care. I would recommend them and say they're splendid."
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People told us they saw the same staff most of the time. Comments included, "I see the same staff, I know exactly who is coming and what time, it's nice to know who is coming and I know them all personally now", "I've known them for a long time now. I like when the staff are like 'oh see you on Tuesday' it means they're glad to be back" and "Oh, they're like great friends now. We have good giggles and a laugh and talk about goodness know what."
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. One relative told us, "They do respect my father's cultural wishes, we get a mix of carers and my dad appreciate it too."

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One person told us, "I get reviews quite often, they ask me how I find everything."
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate routines, rotas and training. People told us, "They're flexible company, I may cancel or change a visit and they will accommodate", "They do go out of the way to make sure staff get enough time for people" and "They have a good understanding of people they support to make them comfortable."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "The

personal care is always carried out in a dignified way."

- People's care plans highlighted the importance of respecting privacy and dignity. People told us staff treated them respectfully and as individuals. One person said, "They treat me seriously and you feel respected."
- People's care records highlighted ways to promote independence. For example, giving people time to do the simple tasks they still could, such as brushing hair. One person told us, "I usually wash and half dress myself, and they help me with bottom half they encourage me to do as much as I can for myself."
- Reasonable adjustments were made to encourage independence. For example, one person required several transfers to different areas of the house on each visit. Staff fed back that the person was frustrated by this and become reluctant to do things for themselves. The manager requested a joint review with the occupational therapy team. The equipment used was reviewed and more appropriate equipment sought. Through team working, the person's transfers were reduced from seven to four in one visit. This had a huge impact on the person. The change in equipment had allowed the person more independence.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

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

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

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

- People's care plans included information about personal preferences and were focused on how staff should support individuals to meet their needs. For example, people's preferences of what time they preferred to have visits.
- Care plans included a list of 'tasks' to be completed during each call and each person's expected outcomes. The care plans had clear instructions about what was expected at each visit.
- The service understood the needs of different people and delivered care and support in a way that met those needs. For example, one person's house had a bug infestation which was difficult to eradicate. The person was outgoing and had stopped any social interactions for fear of spreading the infestation. The manager sought healthcare professionals and community support to agree on a better solution. The person was put in respite to allow complete fumigation of the house. The community laundry team laundered the person's clothes at no cost. The house was fumigated, and the person allowed back in. The manager arranged for the person to restart their social activities. The person was so happy that they could access the community and their mood improved. We spoke to the person's family and they told us, "This really impacted on their well-being. [Person] was incredibly ashamed and had not been out the house for a very long time. Care Outlook provide them will all the care they need, and we are grateful".

Meeting people's communication needs

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

- People had communication needs assessments completed as part of the care planning process. For example, one person could not communicate verbally and used hand gestures and facial expressions. The care plan guided staff to observe for the facial expressions and hand gestures. Daily records showed staff followed this guidance. This person's relative told us, "My father can't speak as had a stroke, so the communication is very limited. It's good to have limited number of staff, so they are able to communicate with him effectively."
- The service ensured rotas were sent to people in an accessible way. For example, some were sent in large print and others read to clients over the phone.

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

- People were encouraged and supported to maintain links with the community to reduce the risk of social

isolation. For example, people who enjoyed attending coffee mornings and community centres. The service made people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

- The service had established relationships with families and links with the local community. They encouraged external social inclusion and integrated people with community resources.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. One person said, "Never had reason to raise any concerns. I've got their phone number and e-mail, so I am aware how to contact them if needed." There were many compliments received regarding good care.
- The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes

End of life care and support

- The manager informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care. The service would work closely with other professionals to ensure people had dignified and pain free death.
- Staff told us they knew how to support people during end of life care (EOLC). They talked about how they would maintain people's dignity and support families during such difficult times.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary of the management team and told us the service was well-led. People commented, "I met management and office staff. They are doing a great job" and "I met management and they're excellent."
- People experienced a service that was dependable. People told us the manager, supported by the office team, was always available and approachable. People said, "They're an excellent company, I would recommend them", "They are very responsive to any communication, I emailed the office last night about something and had a response this morning" and "I've recommended them to doctors and district nurses and to anyone who may know people that may need care like I do."
- Staff were complimentary of the support they received from the manager. Staff said, "Manager is organised, friendly and supportive. I'm all for progress and she knows what she is doing", "Manager has firm and clear policies. She is a dream to work with" and "Team work and management is excellent here."
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. One member of staff commented, "There is an open and transparent culture, if you make a cock up (error) you address it straight away, openness is very important. We are happy to challenge each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The manager had only been in post for just over a month and they were supported by an assistant manager and the provider. The manager complimented on how supportive staff had been when they started working at Care Outlook. There was a clear staffing structure and staff were aware of their roles and responsibilities.

- The manager had identified some areas of improvement and was working through an action plan. They told us, "My goal is to provide outstanding care to people and we are working through it."
- The provider had quality assurance systems in place which were used to drive improvement. These included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning. They held meetings with staff to discuss work practices, training, development needs and staff's well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback through surveys. The service was in the process of doing a survey and the manager told us they would use the information gathered to improve the service.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time as well as during reviews of care.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "The manager asks for our opinions and we are included in any changes good or bad."

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.