

Care Outlook Ltd

Care Outlook (West Wickham)

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

About the service

Care Outlook is a domiciliary care agency. It provides personal care to adults and older people living in their own homes. 117 people were using the service at the time of the inspection.

Not everyone using Care Outlook receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People said they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. Medicines were managed safely. The service had procedures in place to reduce the risk of infections.

Assessments of people's care and support needs were carried out before they started using the service. Staff received training and support relevant to people's needs. People were supported to maintain a balanced diet. People had access to a range of healthcare services when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had been consulted about their care and support needs. They were treated in a caring and respectful manner, and their privacy, dignity and independence were promoted.

People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. People knew how to make a complaint if they were unhappy with the service. There were procedures in place to make sure people had access to end of life care and support if it was required.

The provider took people's views into account through telephone monitoring calls, satisfaction surveys and spot checks and feedback from these was used to improve the service. Staff said they received good support from the registered manager and office staff. The registered manager and staff worked with health and social care providers to drive improvement and to deliver an effective service.

Rating at last inspection

The last rating for this service was good (published 30 December 2016).

Why we inspected

This was a planned inspection based on previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care Outlook (West Wickham)

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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. This was we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, the regional manager and six care staff about how the service was being run and what it was like to work there. We also reviewed a range of records. These included six people's care records, staff recruitment and training records and records relating to the management of the service such as medicine administration records (MARs), quality assurance checks and policies and procedures.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they were aware of the provider's safeguarding adults and whistle blowing procedures and said they would report any suspected abuse or poor practice concerns to the registered manager.
- The registered manager understood when they needed to report safeguarding allegations to the local authority safeguarding team and CQC.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.

Learning lessons when things go wrong.

- Safeguarding and incidents and accidents logs were in place.
- The registered manager told us they used feedback from complaints, incident and accident reports and safeguarding investigations to learn from and to support safe practice. For example, they had identified that some staff had not checked their rotas which had led to missed or late visits. As a result, staff were subsequently required to confirm receipt of their rota each week once it had been thoroughly checked. This led to a reduction in missed calls.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Assessments included identification of the levels of risk to people in areas such as falls, moving and handling, medicines and fire safety. They included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff were aware of the steps to take to reduce the risk of falls. Where people had been assessed as being at risk of falling we saw guidance from health care professionals had been provided to staff on the prevention of falls.
- Some people showed us they were supplied with pendants to call emergency services for help if they had a fall or felt unwell.
- Risk assessments had been carried out in people's homes relating to fire safety, health and safety, and the environment.

Staffing and recruitment

- The registered manager told us staffing levels were arranged to meet people's assessed needs. They said they would increase staff numbers if people's needs changed.

- People told us staff usually turned up on time and they never had any missed calls. One person said, "If my carer is going to be late they let me know. I have never had a missed call." Another person told us, "I have an arrangement of half an hour flexible time around 9 am, which suits me well."
- Staff told us the current staffing levels were meeting people's needs. One member of staff said, "The care coordinator makes sure I have enough time to get to the people between calls. The people I support all live close to each other." Another said, "We have plenty of staff and everything is properly arranged by the coordinator. I have plenty of time to get between calls."
- The registered manager told us they used an electronic system and staff time sheets for monitoring if there was a late or missed call. If a call was late the registered manager told us they would contact the member of staff, enquire on their whereabouts and let the person know when the carer would arrive.
- Robust recruitment procedures were in place. We looked at staff recruitment records and found these included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- The registered manager told us some people looked after their own medicines, some were supported by family members and some people required support from staff to take medicines.
- Where people required support to take their medicines we saw this was recorded in their support plans.
- People had individual medication administration records (MARs). We looked at MARs when we visited people in their homes. These were completed in full and people confirmed they were receiving their medicines as prescribed by health care professionals. One person told us, "My carer reminds me to take my tablets in the morning along with my tea and toast."
- Medicine audits were carried out on a regular basis. We saw evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.
- Training records confirmed staff responsible for administering medicines had received medicines training and had been assessed as competent to administer medicines during spot checks carried out by care coordinators and members of the management team.

Preventing and controlling infection

- The registered manager told us and showed us that personal protective equipment (PPE) was always available for staff. Staff told us they had access to PPE when required.
- People told us staff wore protective clothing when they received support with personal care.
- Training records confirmed staff had completed training on infection control and food hygiene.

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

- Assessments of people's care and support needs were held within their care records. These assessments were used to draw-up care plans and risk assessments.
- Care records documented the involvement of people and their relatives, where appropriate, and any health and social care professionals involved, to ensure all individual needs were considered and addressed.
- People's care plans and risk assessments had been kept under regular review.

Staff support: induction, training, skills and experience

- People told us staff were well trained. One person said, "The staff are very well trained to use my wheelchair, hoist and shower and I have a lift as I cannot go upstairs by myself."
- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision and annual appraisals.
- The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed staff had completed training relevant to people's needs. This training included safeguarding adults, moving and handling, food hygiene, health and safety, fire safety, infection control, medicines administration, equality and diversity and the MCA.

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

- Where people required support with eating and drinking we saw this was recorded in their care files. One person told us, "My meals are delivered, and the staff heat them up for me. My family cook for me too." Another person said, "I have the same carers all the time. They always make me my favourite breakfast, toast and marmalade."
- Staff told us they cooked meals for people when it was recorded in the persons care plan. One said, "I like cooking for people and I have never had any complaints. Some people have ready meals delivered so I just need to heat them up. I make sure people have a drink before I leave."

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver a

safe and effective service. One person told us, "Once when I felt unwell the carer called an ambulance and waited with me till it came. They told my family too." Another person said, "My carer sometimes takes me to my GP appointments."

- Staff consistently told us if someone wasn't well they would call 111 and let the office and family members know.
- People's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from occupational and speech and language therapists and district nurses.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us people were encouraged and supported to make decisions for themselves however they were aware of the need to assess people's capacity if required to support them to make decisions.
- Where people lacked capacity to make specific decisions for themselves we saw that capacity assessments had been carried out and meetings were held with family members and health care professionals to make decisions in the person's 'best interests' in line with the MCA.
- Staff had received training on the MCA. They told us, and people confirmed, they sought consent from people when supporting them and they respected people's decisions.

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's care records included their background information such as their family life, religious, cultural and spiritual needs, personal history, hobbies and interests and their likes and dislikes.
- People told us staff were kind and caring. One person said, "My carer is very pleasant and capable. They have a good personality and they do anything I ask them to do." Another person commented, "I'm very pleased with my carers. They are very caring, gentle and efficient." A relative told us, "The carers are professional and yet part of the family, which is so good for us. They have got the balance just right."
- Training records confirmed that staff had received training on equality and diversity.
- A member of staff told us where possible the registered manager had matched staff with people with similar backgrounds, interests and cultures. This member of staff said they supported a person from the same ethnic background as them and they had formed positive relationships with the person and their family members.

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

- People and their relatives told us they had been consulted about the care and support they received.
- One person told us, "In the beginning they asked me what I needed. They have done all the things I told them I needed help with." A relative told us, "I have been fully involved with planning for my [loved one's] care."

Respecting and promoting people's privacy, dignity and independence

- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their homes. They always explained to people what they were doing for them when they carried out personal care tasks.
- One person told us, "My carer draws curtains and shuts the door while they help me with a shower. They use a towel to cover me up to respect my privacy." Another person said, "The carers tell me exactly what they are doing, they tell me not to walk alone, they always hold my hand."
- A member of staff told us, "I maintain people's independence as much as I can by supporting them to manage as much as they can for themselves."

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 had care plans that described their health, care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff about administering medicines and supporting people with moving and handling.
- People told us their needs were kept under regular review. One person said, "Everything I talked about with them [care coordinator] is in my care plan. My carers know what they need to do for me and they do it. If I want something different I can talk to them about it."
- Staff had a good understanding of people's care and support needs. A member of staff told us, "We are matched to the people we support according to our skills and experience. Staff would not be allowed to support people with any specific health conditions or behaviours unless they are trained first. I have had training on dementia awareness and learning disabilities and I have been able to use my learning to support people with confidence."

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's assessments included a section on their communication needs. The registered manager told us where people had been assessed as having poor eyesight they had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example different written languages.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place.
- One person told us, "I had a carer who was rude. I called the office and they didn't send the carer again. The ones I have now are very good." A relative said, "I know how to complain if I need to, but I have never had any reason to. I know they would sort out any issues I had."
- Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary, discussions were held with the complainant to make sure they were satisfied with how their complaint was handled.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. However, they would use their previous experience of working with people, family members and health professionals to make sure people were supported to have a dignified death. A care plan for end of life would be developed when it was required.
- The registered manager told us they were reviewing their care planning tool to include people's wishes for their end of life care. The review would include cultural, religious and spiritual needs and any funeral preferences. We will check on this at our next inspection of the service.

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection of the service we found there were aspects of the quality monitoring systems that required improvement to be judged as consistently good.

At this inspection we found the providers quality monitoring systems were operating effectively and consistently.

- The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular medicines, staff files, complaints, incident and accident checks, and audits were being carried out at the service.
- The regional manager carried out quarterly monitoring visits to the office to support the registered manager. Where issues had been identified actions were taken to drive improvement. For example, after a recent visit the staff meeting agenda had been reviewed to incorporate any lessons learnt.
- Unannounced spot checks were also carried with staff to make sure they supported people on time, they administered medicines and completed medicine records correctly and they had completed all the tasks recorded on people's care plans. They also recorded people's comments about the service they were receiving.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed on the providers website.
- Staff told us management support was always available for them out of hours when they needed it. One told us, "I am very well supported by the registered manager and office staff. If I have any problems at all at any time of the day there is always someone there to help."
- The registered manager had a clear understanding of the duty of candour. They told us that when things

had gone wrong they had been open and transparent with people and their family members. Records showed that when required discussions were held with people for example regarding late or missed calls or any incidents or accidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us their views were sought when their care was being planned for. One person told us, "I am well cared for and I can do a lot for myself. They [carers] just help me with what I need and what I want to do." A friend said, "The carers are very adaptable. The service is planned around my friend."
- The provider sought people's views about the service through surveys, telephone monitoring calls and asking for people's views about the service during spot checks.
- Feedback from people following a recent survey indicated that people were happy with the service they were receiving.
- Where issues had been identified actions were taken to drive improvement. For example, following feedback from telephone monitoring and the survey staff were required to show identity badges on arrival at people's homes and the staff rota was reviewed and updated to improve the consistency of the same carers supporting the same people.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- The registered manager told us they regularly attended provider forums run by the local authority. They learned about good practice and introduced some of what they had learned into the service. For example, following a presentation on pressure ulcers by a district nurse they had updated staff training and introduced fact sheets that identified the different stages of pressure ulcer development.