

Care Outlook Ltd

Care Outlook (London Office)

Inspection report

260 Stanstead Road
London
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Date of inspection visit:

06 August 2019

07 August 2019

08 August 2019

12 August 2019

13 August 2019

15 August 2019

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03 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care Outlook (London office) is a domiciliary care service which provides personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 700 people receiving care and support for personal care.

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

Risks to people were not consistently managed. Risk assessments and care plans had conflicting information and guidelines for staff were not always clear.

People's medicines were not always managed safely. Important information about how to take certain medicines was not available to staff. Risks associated with some medicines were not identified.

The service had received a high number of complaints related to late and missed visits. Complaints were not always managed in line with the provider's policy. There were quality monitoring systems in place, but these were not always effective as they had not resolved the issues we found.

The provider had safe recruitment processes and staff received appropriate induction and ongoing training to ensure they would be competent to fulfil their role.

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 told us the staff were kind and caring. People were supported to be active and involved in every day choices. People's privacy, dignity and independence was maintained.

People and their representatives were involved in decisions about their care and support needs. Staff knew people's preferences and needs well and delivered person-centred care. Communication needs were assessed and documented, and staff knew the best way to communicate with people.

We have made a recommendation about how the service should improve the process for documenting people's capacity to consent to their care and support.

Rating at last inspection

The rating for this service was good (published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating of good.

Enforcement

We have identified breaches in relation to the management of risks including those related to medicines, safe staffing and the quality monitoring process and acting on complaints. Please see the action we have asked the provider to take at the end of this report.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive..

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led..

Details are in our well-led findings below.

Requires Improvement ●

Care Outlook (London Office)

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 comprised of four inspectors and two Experts 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 homes.

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 because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 1 August 2019 and ended on 15 August 2019. We visited the office location from 6 August to 13 August. We continued to make calls to people until 15 August 2019.

What we did before the inspection

We reviewed information we had received about the service including complaints and notifications we received from the service. We spoke with the local authorities who commission the care and support people receive.

We used 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 all of this information to plan our inspection.

During the inspection

We made calls to 20 people who used the service and 18 relatives, so they could tell us their experience of the care provided. In addition to the registered manager we spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the managing director, a development officer, a quality assurance officer and two human resources administrators.

We reviewed a range of records including care and support plans for 30 people. We looked at records of recruitment, training and supervision for ten care workers. We reviewed records relating to the management of the service, including quality assurance audits, accident and incidents and complaints.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and we spoke with 16 care workers. We obtained information from the local authority commissioners and two health and social care professionals who 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There were systems and processes in place to manage risks, but the quality of information in the records we saw was inconsistent and we saw examples where established risks had not been considered or addressed in the most recent risk assessments. For example, we saw where important information such as sensory impairments and health conditions such as dementia had not been considered in the most recent risk assessments.
- The service was routinely assessing the risk of harm from fire however; these assessments did not take into consideration when people were using flammable skin creams. We saw an example of someone who had burnt themselves whilst smoking, but this risk had not been identified in the most recent fire risk assessment.

Using medicines safely

- Processes for supporting people to take their medicines was not always safe. Some risks associated with certain medicines were not identified and there were no measures or guidelines in place to mitigate these risks.
- There was a system in place to audit people's medicines to ensure this was being managed safely. However, the audits did not identify some of the issues we found and was not an effective process for ensuring safe practices were being followed.
- We received mixed feedback about how people were supported with their medicines. Most people were happy that they received their medicines properly. However, one relative told us that they had experienced several issues with their family member's medicines not being given correctly which had not been rectified despite numerous complaints.

The provider had failed to assess and manage risks to people's health and welfare, including those associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Staffing and recruitment

- There were ongoing issues with the scheduling of staff which meant a significant amount of people experienced missed or late visits. When we checked records for scheduled visits against actual times we found significant inconsistencies which meant the systems in place were not working to ensure people received their visit at the expected time.
- People told us, "Nobody sticks to the times... I don't know when they're coming or who they are" and "One of the stand-in carers, her timekeeping is atrocious." Other people told us "Sundays are particularly

bad; the staffing is not consistent at all."

- The provider had been experiencing ongoing difficulties with the electronic care system which was designed to alert them when visits were late or missed. At the time of the inspection the issues had not been rectified and we continued to receive information about missed visits after our inspection.

The provider had failed to ensure sufficient staff were deployed to meet people's needs. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed safe recruitment processes to ensure that staff employed were suitable to work with vulnerable people.
- The provider had a recruitment policy which set out all the checks that were needed before new staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding were in place and staff received regular training in this area. Staff showed a good understanding of safeguarding procedures, they knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied they were being taken seriously.
- One staff told us, "You can call a number that I've got in a book or I could also go to the police if necessary." Another member of staff told us, "If I saw something that wasn't right I would let my manager know straight away. If they didn't resolve it, I would definitely go higher."
- The provider reported potential safeguarding concerns to the local authority and took appropriate action to reduce the risk of harm whilst investigations were being carried out.

Preventing and controlling infection

- The provider ensured people were protected from the risk of infection. The service had an infection control policy and staff understood how to put this into practice. Staff had access to personal protective equipment to prevent the spread of infection such as gloves and aprons.
- People confirmed that staff followed the correct procedures to maintain hygiene when working in their homes. One relative told us, "The carers always wear gloves and aprons when they need to."

Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents to their manager. A senior member of staff reviewed all incidents and ensured all necessary steps were taken to maintain safety after incidents occurred. Examples of steps taken included making referrals to other professionals and ensuring all the relevant people were informed

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Initial assessments of people's needs were completed by the local authority and the provider and care plans put in place to meet these. There was information in place about people's background histories and health conditions.
- The service had guidance and best practice information about people's health conditions, which included Dementia, Epilepsy, Pressure ulcers and diabetes.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service did not always follow best practice guidelines when assessing people's capacity to consent to care and support. Records we saw had conflicting information regarding people's ability to sign their care plan. Some people had been assessed as lacking capacity but had signed care plans and review forms. Other people who had been assessed to have capacity to consent to their care had relatives sign on their behalf without any accompanying explanation as to why.
- The service did not ensure that all the necessary documents were in place where people had representatives who were acting on their behalf.
- Staff had MCA training and showed a good understanding of how to apply this in their role. They told us how they offered choices and explained things to people whenever giving care and support.

We recommend the service reviews their processes around assessing people's capacity to consent to their care and treatment to ensure they are working with agreed guidelines.

Staff support: induction, training, skills, and experience

- Staff had the skills and knowledge to be able to perform their roles. New staff had a comprehensive

induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life.

- Staff told us the induction and ongoing training enabled them to fulfil their roles effectively. We received comments such as, "The initial one week training when I joined was very useful" and "I thought it was good because we had the four days training and then you did the shadowing. . . they tell you to err on the side of caution and to call the office more rather than less when in doubt."
- The service had systems in place to ensure that training was refreshed regularly so staff would be kept up to date with best practice. Staff received regular supervision and had an annual appraisal.

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

- Assessments and care plans contained suitable information about people's nutritional needs. People told us they were happy with the way they were supported to prepare food and drinks. One person told us, "They microwave meals for me. They tell me what I've got left in the fridge and I choose one of them. They will get me something from the shop if I want."
- There were guidelines from speech and language therapists and dieticians to ensure people had the right food to suits their needs or health condition. One staff member told us, "We support people to have supplements if they are at risk of losing weight. Other people have to have thickener in their drinks as they have difficulties swallowing."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other health and social care professionals to ensure people's care needs were fully met. We saw examples where staff had contacted social workers or other health and social care professionals where there were concerns that people's needs were not being met.
- The service also worked with physiotherapists and occupational therapists when people had mobility issues or needed specific equipment to help them move.

Supporting people to live healthier lives, access healthcare services and support

- Care plans contained information about people's health conditions and contact details for medical professionals. However, the information on health conditions did not describe how the conditions affected people so there was not enough information for staff delivering care.
- The service made the necessary referrals to healthcare professionals where there were concerns about people's health. One care worker told us, "I have made GP appointments to come to the home and also nurse appointments and physiotherapy appointments through the office."

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; equality and diversity

- People told us that staff were kind and caring. We received comments such as, "Our carer is a very caring and lovely person. We couldn't want for better" and "I've had my carer about two years now. She is a lovely person. A very nice woman. I like her very much."
- Staff had training in equality and diversity and told us how they adapted the care and support to meet people's diversity needs.
- Most people told us that they were supported by regular carers wherever possible. One relative said, "We have asked for regular people and the same lady comes six days a week and another regular person on the other day."

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

- People and their representatives were regularly involved in the planning and reviewing of their care. We received comments such as, "I was involved when they made the care plan as [my relative] forgets so I needed to make sure they had all the right information." Another person told us, "They respect what my [family member] say...I can't find no fault with anything they do."
- There was a written record of people's history, likes and dislikes and personal interests and hobbies to give staff a broad understanding of the person. Staff told us how they respected people's choices. One staff said, "Being regular care workers we get to know people and their needs and choices, we build relationships, record in the daily log their choices."

Respecting and promoting people's privacy, dignity, and independence

- People were treated as individuals and with dignity and respect. We received comments from people such as, "If I want to do something privately I ask them to leave the room and they go to the sitting room."
- Staff supported people to maintain their independence. One person told us, "I'm a very independent person. I like to do little things myself. If I can do a little job I like to do it."
- Care staff spoke about people in a dignified way and explained how they promoted independence and choice. One staff told us, "We are visitors in people's homes, we listen to how they like things to be done." Another member of staff said, "We encourage people to do as much as possible 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 deteriorated to Requires Improvement.

Improving care quality in response to complaints or concerns

- The service had experienced a recent increase in complaints from people receiving care and quality alerts from the local commissioning team due to late and missed visits.
- The service had identified the increased volume of complaints and had recruited a member of staff to deal with these. At the time of the inspection this had not fully resolved the issues and the service continued to receive complaints of the same nature.
- The service had a complaints policy which stipulated how they should respond and inform people what action they would take to investigate concerns raised. People told us, and records confirmed that the service was not always doing this, and people did not feel their concerns were being responded to appropriately.

The issues with responding to complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff gave us examples of how they met people's needs and preferences. For example, one staff told us how they ensured that no pork items were bought or prepared for a person of the Muslim faith when doing their shopping and preparing their meals.
- The service responded to people's changing needs and made referrals and alerts to social workers when necessary. we found care plans were inconsistent and were not updated with all the correct information. This meant that we could not be sure that staff had the necessary information to support people effectively.
- We received mixed feedback from staff about the quality of information in people's care plans. One staff member told us, "You can't just go by the care plan, they are often not up-to-date, for example sometimes they don't outline a memory difficulty or a catheter. I wouldn't go by the care plan alone." Another staff member told us that care plans were not always updated when people's needs changed, "It's not happening quickly enough, I have been to clients where they have different needs now to what's in the care plan."
- The service had identified there were issues with the quality of the care plans and had started addressing these.

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.

- Care plans contained information about people's communication needs with details of what

communication aids people used and factors that might affect people's ability to communicate well.

- Relatives were positive about how staff communicated with their family member. One relative told us, "They communicate well with my [family member] and they explain what they are doing."

End of life care and support

- The service was not providing end of life care and support at the time of our inspection. Staff told us that they had expressed an interest in learning about this and training had been arranged. The provider checked whether people had Do Not Attempt Resuscitation (DNAR) orders and this information was kept with care plans.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- Quality monitoring processes were in place but not always effective as they had not identified some of the shortfalls we found.
- The ongoing issues with late and missed calls had not been fully resolved despite numerous quality alerts to the local authority and complaints from people and their relatives. The service had identified a range of factors that were contributing to the ongoing scheduling issues, however, they continued to be an issue at the time of our inspection.
- People had told the service they had experienced difficulty getting through to the office on the phone. The registered manager told us they had tried to resolve this by installing another telephone line. However, people told us they continued to have difficulties. We received comments such as "The office is not organised at all, very often they don't ring back at all" and "The phone just rings until the call cuts off."

The ongoing late and missed visits put people at increased risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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;

- People who complained directly to the provider did not always receive a formal response to their complaint or an explanation of what had gone wrong and what the service would do to resolve things. The manager told us that due to the high number of complaints to the local authority it had been agreed they would send investigation reports directly to them rather than sending formal responses to people receiving care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff understood their roles and responsibilities and knew when they would need to seek guidance from a more senior member of staff. One staff told us, "If I have problems I can talk to the coordinators and they will try to sort things out."
- Managers took action to address issues with staff performance. We saw examples of memos from the registered manager identifying areas of concern. The registered manager convened regular staff meetings to discuss ongoing issues and share best practice ideas.

- Staff were positive about the culture of the service and showed a passion for providing high standards of care and support. One staff told us, "I have no problems, I enjoy what I do, there have been no changes to complain about, the office deals well with any concerns." Another staff told us, "Management is approachable, you can go in anytime, they are welcoming and helpful, you don't need an appointment."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people using the service. People had regular opportunities to give feedback about their care through monitoring visits, telephone calls and satisfaction surveys. We received comments such as "Managers come around every few months" and "Someone from the office called about four weeks ago and asked questions about satisfaction."
- The service worked with multi-disciplinary professionals, social workers and local authority commissioners to achieve good outcomes for people. One professional told us, "Care Outlook are always cooperative and readily accept recommendations and both positive and negative feedback and take appropriate actions to address concerns."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always:</p> <ul style="list-style-type: none">- Do all that was reasonably practicable to mitigate such risks.- Ensure the safe and proper management of medicines. <p>12(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person did not always respond to complaints appropriately and provide complainants with outcomes of investigation reports. 16 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not establish or operate systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. 17(1)(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure that</p>

sufficient numbers of suitably qualified, skilled and experienced persons were deployed. 18(1)