Care Outlook Ltd

Care Outlook (Oxford)

Inspection report

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Tel: 01865771348

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Care Outlook Oxford on 11 April 2016. The inspection was announced. Care Outlook Oxford is a domiciliary care agency in Oxford that provides care to people in their homes in and around Oxford. At the time of this inspection, the agency was supporting 63 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager worked closely with a director of operations.

The provider had systems in place to manage and support safe administration of medicines. However, Medicine Administration Records (MAR) were not always completed accurately.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. However, staff had limited awareness of the MCA.

People were asked for their consent before care was carried out. However, the registered manager and other senior staff were not clear on their responsibilities to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions.

The registered manager informed us of all notifiable incidents. The service had quality assurances in place. However, these quality assurance systems were not always effective. The registered manager had a clear plan to develop and improve the service. Staff spoke positively about the management and direction they had from the manager. The service had systems to enable people to provide feedback on the support they received.

People who used the service felt safe. The staff had a clear understanding of how to safeguard people and protect their health and well-being. Staff had a good understanding of their responsibilities to report any suspected abuse. The service had sufficient numbers of suitably qualified staff to meet people's needs. Staff told us there was an open culture at the service and were clear about the action they would take to keep people safe. People and staff were confident they could raise any concerns and these would be dealt with.

There were enough suitably qualified and experienced staff to meet people needs. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where required, staff involved a range of other professionals in people's care.

People felt supported by competent staff. Staff benefitted from regular supervision (one to one meetings with their line manager) and yearly appraisals to reflect on their practice and develop their skills. Staff

received training specific to people's needs.

People and their relatives described the staff as excellent and providing very good care. There was a strong emphasis on key principles of care such as dignity, privacy, individuality, right to make decisions and right to lead as normal a life as possible. People felt they were treated with kindness and their privacy and dignity were always respected. Staff had developed positive relationships with people.

People's needs were assessed and care plans enabled staff to understand how to support people. Changes in people's needs were identified through regular reviews. People's interests and preferences were discussed during assessments and these were used to plan their care. The service was flexible and responded positively to people's requests.

The registered manager had a clear vision for the service which was shared throughout the staff team. The vision was promoting independence and allowing people to live a normal life. This was embedded within staff practices and evidenced through people's care plans. Staff felt supported by the registered manager and the provider.

Leadership within the service was open and transparent at all levels. The provider had systems to enable people and their relatives to provide feedback on the support they received.

We have made a recommendation about good, effective quality control systems and policies.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we have required the provider to take at the end of this report.

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.

People received their medicines as prescribed. However, the records were not always accurate.

There were sufficient numbers of suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Is the service effective?

Requires Improvement

The service was not always effective

The registered manager had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005. However, staff had limited awareness of the MCA.

The registered manager and other senior staff were not clear on their responsibilities to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions.

Staff had the knowledge and skills to meet people's needs.

People were supported to have their nutritional needs met.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff understood their responsibility in maintaining confidentiality

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's care plans were current and reflected their needs.

People and their relatives knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems in place to monitor the quality and safety of the service and drive improvement. However, these were not always effective.

The provider used two different medication policies with contradicting guidance.

The leadership throughout the service created a culture of openness that made people feel included and supported.

Staff spoke positively about the team and the leadership.

Care Outlook (Oxford)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors and an expect-by-experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from social and health care professionals who had professional involvement with the service. This was to obtain their views on the quality of the service provided to people and how the service was being managed. We obtained feedback from commissioners of the service.

We spoke with the registered manager, the director of operations and five members of staff which included care staff and office care coordinators. We reviewed a range of records relating to the management of the domiciliary care service. These included five staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We spoke with ten people and five relatives. We looked at six people's care records including medicine administration records (MAR).

Good

Is the service safe?

Our findings

Medicines were administered safely. However, MAR charts were not always completed correctly. The provider's policy instructed staff to record on MAR charts as well as daily records. Staff did not always follow the policy. We looked at four people's MAR charts and they had gaps on them. However, the daily records indicated the medicines had been given. We discussed these findings with a senior carer who told us, staff at times forgot to record on MAR charts after they have given medicines. We were assured people had not been affected by these shortfalls.

People had assessments to determine whether they were able to administer medicines independently or needed support. Staff training records showed staff had been trained in the safe administration of medicines and their competencies assessed.

People told us they felt safe receiving care from Care Outlook. Comments included; "Yes I feel totally safe", "Very, very safe and secure without a doubt. That I feel very trusting of them is beyond question", "Yes I do feel safe" and "Oh yes of course I feel safe". People's relatives told us their family members felt safe with the care provided. Comments included; "Oh yes, I think mum is safe. She looks forward to them (staff) going in", "Yes they do feel safe. My parents are very happy with everything", "Yes 100% safe. We are lucky to have the same carer for my mum. I get to work knowing what is being done" and "Yes, I'm sure my mother does feel safe. She has never given me any indication that she doesn't".

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls. One person said, "I only need one carer to help me. They double up for training purposes. A person's relative told us, "They never miss a visit. They call when running late or stuck in traffic".

Staff we spoke with had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One member of staff said, "If we felt a colleague was not doing their job as they should be, rushing through calls, it would be our responsibility to report back. We would speak confidentiality to one of the senior staff". Staff had received safeguarding training as part of their induction as well as annual updates. Staff were aware of types and signs of possible abuse and their responsibility to report any concerns promptly. The service had a safeguarding policy and procedure in place. Records showed the registered manager took all concerns seriously, raised concerns appropriately with the local authority safeguarding team and notified the Care Quality Commission (CQC).

The provider recorded and reported accidents and incidents appropriately. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example, we saw an incident reported after a person fell and sustained serious injuries during the night. This incident had triggered a reassessment of the person's home to ensure the safety of the person during the night. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

The provider had risk assessments in place to support people to be as independent as possible. These

helped to ensure people's safety and supported them to maintain their freedom. Risk assessments included moving and handling, equipment, bathing and fire safety which were done before the person's care was commenced. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving them around their homes.

People were supported by sufficient staff with appropriate skills and knowledge to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's individual needs, such as where two staff were required to deliver specific care tasks. For example, one person required two members of staff to support them to move using a hoist. Records showed two staff always visited this person. The registered manager considered sickness levels and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people. The staff files reviewed confirmed that staff members were entitled to work in the UK.

Requires Improvement

Is the service effective?

Our findings

The registered manager had a good understanding of the Mental Capacity Act 2005. 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. However, care plans did not identify where people had been assessed as lacking capacity to make a specific decision and there were no details of the best interest process that had been followed. The registered manager and senior staff were not clear on their responsibilities to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions.

Staff did not always have awareness or knowledge of the MCA. Comments included; "They touch on it (MCA) briefly. We don't know a lot about it to be honest", "Care Outlook as such doesn't train us on mental capacity. If a carer is concerned about a person's mental capacity, they would call the office and report. The service would ring the next of kin", "Is that about choices? I don't really know much about it" and "No I have not heard of that (MCA)". One member of staff commented they had heard of Deprivation Liberty Safeguards (DoLS) that accompany the MCA 2005 but was unsure what this meant.

Following our visit, the registered manager confirmed they had scheduled staff training on MCA and were in the process of completing mental capacity assessments. However, they had not identified these concerns themselves.

This was a breach of Regulation 11 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People's consent was always sought before any care or support was given. Staff told us they knocked on people's doors and asked for verbal consent when they offered care support. One member of staff said, "With consent, it is important to offer choices". A senior member of staff told us, "People are asked about preferences such as gender of carers providing personal care as part of the initial assessment process". Records showed people or family members, on their behalf, gave consent for care they received and in line with 'best interest' decision guidance.

Staff were knowledgeable and skilled to effectively carry out their roles and responsibilities. People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. Comments included, "They know what they are doing" and "The carers know my mum well. I trust them and they always show they know what they are doing".

New staff were supported to complete a comprehensive induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "I had a good four weeks of shadowing and went out with different carers. I was not expected to work independently until I felt comfortable".

Staff records showed staff received the organisation's mandatory training on a range of subjects including moving and handling, safeguarding, medication administration, infection control and MCA. Staff told us they had the training to meet people's needs. One member of staff said, "We often do refresher courses. A trainer visited to give moving and handling training and update. Staff were signed off as competent following training an assessment".

Records showed staff had received additional client specific training from district nurses. The training included warfarin administration and steroid based topical medication. This training was person specific and therefore could only be performed on the person whom the training was for. Staff also received training for different pieces of equipment before use. One member of staff said, "We get training before we can use hoists".

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. All staff had received their annual appraisal as well as a one to one supervision meeting with their line manager every three months. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care. Records showed that these competency checks were undertaken and identified any areas where the quality of care people received could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could. One member of staff told us their supervision was helpful to their practice.

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People were supported with their healthcare needs. People had access to appropriate professionals when required. People told us, and people's care records confirmed relevant professionals were involved in the assessment, planning and reviewing of peoples care. GP's, district nurses and an occupational therapist were involved when concerns about people's wellbeing were raised.

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included; "Very caring indeed. They (staff) check everything is ok before they leave. You can talk to them and I feel very relaxed in their company", "Yes, very caring and respectful" and "Yes they are really caring". Relatives spoke positively about the attitude of the carers. Comments included; "Yes my mum is perfectly happy", "Carers are very nice and pleasant" and "Yes they are very good. [Name] goes beyond the call of duty. My parents are very pleased when she is there".

Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. One member of staff told us they had received positive feedback from people. Another member of staff told us a person had, "Phoned the manager to tell them how pleased they were with their care". Staff commented they had never had a person say they did not wish to have visits from them.

Staff knew well the people they supported. Relationships between people and staff were established from the very first meeting. One person's relative said, "Mum did not want carers initially but as time went on, mum has built quite a relationship. Carers are very social and helpful and they stimulate her too. Mum realises she needs them and couldn't survive on her own without them". The registered manager told us she was passionate about making positive differences to people's lives.

Staff were respectful of people's privacy and always maintained their dignity. Staff told us they knocked on people's doors before entering. One member of staff told us, "I ask for permission before supporting in personal care. If it's a wash, I cover up parts that are not being washed". People and their relatives told us staff respected their dignity. Comments included; "Once they were applying ointment to my mother and they asked me to wait till they were finished doing it", "Without a doubt they respect my privacy and dignity. They are very respectful", "They always ask me when I am there to go into another room when getting my mother dressed or applying creams" and "If my mother has a wet bed during the night she gets upset. The carers are brilliant with her in the morning. Equally when she uses the commode, they always draw the curtains in her bedroom".

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. For example, one person's care records stated a person wished to have a wash in bed before breakfast and staff to follow this routine. Staff described how they supported this person in line with these instructions.

Staff knew the importance of maintaining confidentiality. One member of staff commented, "We only talk about people on a need to know basis. We do not discuss clients out of work". In the office we saw people's care records stored in locked cabinets. Office staff told us they used passwords to safely access people's electronic care records. We observed staff logging on and off during our inspection.

Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time for tasks and did not rush people. This enabled people to still do

as much as they could for themselves with little support. One member of staff said, "I let them wash their face and hands and I can help with everything else. It gives them independence". People's relatives told us, "Staff let my mum do things for herself as much as she can" and "Carers allow my parents to maintain the little independence they have left".

Good

Is the service responsive?

Our findings

People were assessed prior to commencement of care to make sure their needs could be met. The registered manager visited people and assessed their needs and discussed their care and support with them and their families. Personal details were recorded which included preferences, religion, preferred names and hobbies. A health and care needs assessment was also conducted which included eating and drinking, personal care, behaviour and communication. These assessments were used to complete personal care plans.

The manager had a full consultation with people who were considering using their services. These consultations involved the person who would be receiving care, relatives, friends, advocates as well as health and social care partners. Records showed that the care and support planning was always completed before care or support was given. This allowed room for person centred support planning for each individual.

People were offered choices and were happy with the way support was given. One person said, "I can honestly say these are the best carers I have ever had. Another person said, "Yep, everything and anything they are very good at. I can sit down and have a chat with them". People's relatives told us; "My mum is given choices and they (staff) provide input on food choices", "Yes carers ask my mother what she wants to wear" and "Sometimes I put clothes out for my mother but when I go up she is wearing something different. My mother will say 'I told them I wanted to wear something else'. That's good". Staff told us they always gave people options and choices during care. One member of staff said, "I like to have a choice and so do they (people)".

We found when people's needs changed the service responded. For example, one person needed support after a fall. A GP saw them and referred them to hospital. Their care was increased when they were discharged. When we spoke to staff about such incidents, it was clear they knew people well. Another person had a urine catheter and staff ensured the district nurses knew about them and monitored them as necessary. Staff told us how they worked flexibly with people who use the service. For example, they changed the visit times to accommodate people attending hospital appointments.

Staff were responsive to people's changing needs and feedback from people's relatives. For example, one person's relative had fed back that a person's behaviour was becoming challenging during the night and were becoming confused. The person was referred to a GP who diagnosed the person as having a urine infection. The person received treatment and recovered well.

Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this.

People and their relatives were encouraged to provide feedback about the service through telephone reviews, spot checks and care reviews. People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People were provided with information of how to make a

complaint or compliments as well as contact information for the local authority and CQC. People who had raised minor complaints said that these had been resolved quickly. Comments included; "If I'm not happy, I would tell the person directly in front of me", "Yes I know how to complain. The office number is in the book", "Yes they have given us numbers and who to contact if not happy" and "I would talk to them (service) first. Then if no luck, I would contact CQC. The relationship is such we can speak our minds and get the issue sorted".

We looked at the written complaints that had been received since our last inspection and saw they had been responded to in a sympathetic manner and in line with the service's policy on handling complaints. The registered manager discussed concerns with staff individually in supervisions and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. Since our last inspection there had also been many written compliments in the form of 'thank you' cards and letters.

Requires Improvement

Is the service well-led?

Our findings

Senior carers completed regular audits of MAR charts to ensure medicines had been administered in line with people's prescriptions, but these audits were not completed correctly. For example, we reviewed three of the recently completed audits. They all stated there were no gaps in MAR charts, however, we found several gaps on the same charts. One senior carer explained that this was because there were recording details in the daily records which showed the medicines had been given. This showed they were not following the audit process correctly. This resulted in the audit being ineffective.

Care Outlook policies were not always clear for staff to follow. For example, the service used a generalised Care Outlook medicine policy as well as a Local Authority medication policy to ensure medicines were managed in accordance with current regulations and guidance. However, these two polices had contradicting guidance which was not easy to follow. For example, guidance on application of patches was different in both policies.
Following our visit, the registered manager told us they had reviewed their audit process and scheduled more staff training. The medicine policy was being reviewed.

We recommend that the service seek advice and guidance from a reputable source, about good, effective quality control systems and policies.

The service had a registered manager who had been in post for three years. They were supported by a director of operations and office care coordinators. The registered manager had been involved in the setting up of the service and they said this was their greatest achievement. They demonstrated strong leadership skills and continuously sought ways to develop and improve the quality of the service people received. The registered manager was open and transparent about the service and the improvements they could make towards being an outstanding service.

There were other quality monitoring systems in place to review the care and treatment provided at the service. This included regular audits of care plans, observing care practice and gathering peoples experience of the service through satisfaction surveys and other feedback. Where any issues had been identified, an action plan was put into place to address them and this was followed up to ensure actions had been completed. For example, one person wished to know which carer was coming beforehand. The registered manager had reviewed the request and the person was informed which staff would be attending each day.

People and their relatives were complimentary about the registered manager and management team. Comments included; "Yep, the manager phones and visits every now and then. They check everything is up to scratch", "I get a courtesy call every two to three weeks. Plus, I know I can call them too" and "They come from the office and ask questions to see if I am happy".

Staff felt the provider and the registered manager were supportive and approachable. Comments included; "My employer is good to me. The manager is excellent, principled and organised", "They (manager) are really understanding" and "I don't think you could get a better manager". There was good support and

communication between office staff and care staff in the community. Staff commented; "The best thing is that you always got someone on the end of the phone", "A senior staff member is always available on call for people and staff until 2200 hours and during weekends" and "You don't feel it's all on your shoulders. There is always somebody who could help or might know".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "Whistle blow outside the organisation if necessary. Can go to CQC". Another member of staff told us they would use whistleblowing "If you know something is not right".

Incidents and accidents were recorded with a clear process of learning in place for each event that occurred. Any accidents or incidents relating to people were documented and actions were recorded. Incident and accident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager and senior staff were not clear on their responsibilities to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions. Staff had limited knowledge of the MCA.