

Care Outlook Ltd

Care Outlook (West Wickham)

Inspection report

128 High Street
West Wickham
Kent
BR4 0LZ

Tel: 02087773840

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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?	Requires Improvement ●

Summary of findings

Overall summary

This announced comprehensive inspection took place on 23 and 24 November 2016. At our last comprehensive inspection on 5 and 6 April 2016 we had found serious breaches in relation to the safe management of medicines, the identification of possible risks to people, arrangements to monitor the quality of the service and risk management. We had also found a breach of regulations in relation to recruitment records. We had taken enforcement action in respect of the more serious breaches of regulatory requirements and served two Warning Notices. These required the provider to take action to address the concerns. We undertook a focused inspection on 24 and 25 August 2016 to check that the provider had taken the action required in relation to the serious breaches. We found improvements had been made and found that regulatory requirements were being met.

We carried out this comprehensive inspection in line with our guidance to provide a new rating for the service and to check that the provider had addressed the less significant breach in relation to recruitment records identified at the last comprehensive inspection on 5 and 6 April 2016.

Care Outlook (West Wickham) provides support and personal care to people in their own homes. At the time of our inspection approximately 115 people were receiving care and support from this service. The service operates in the Croydon and Bromley local authority areas and provides packages of care for people commissioned by the local authorities and people who make private arrangements.

There was a registered manager in place. 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 was being supported to deliver the service by the branch manager.

People told us they felt safe and well cared for. Care workers and office staff had received training on safeguarding adults. They knew the signs of possible abuse and were aware of how to raise any concerns. Possible risks to people were identified and plans were put into place to reduce risk. Care workers and office staff knew how to deal with any emergencies.

People were asked for their consent before care was provided. People told us they were involved in making decisions about their care wherever possible and were supported to be as independent as they could be. Care workers were reliable and people told us that their dignity and individuality was respected. Where people were supported to eat and drink they were asked about their food and drink choices and any concerns were notified to family members or the GP.

An assessment of people's needs was completed before they started with the service and individual plans detailed the care or support to be provided. We saw these were detailed and provided guidance for care workers on how to meet people's needs. Care workers told us these were up to date and were amended if

people's needs changed. People knew how to make a complaint if they needed to and we saw responses were made in line with the provider's policy.

There was effective communication between office staff and care workers. Care Workers told us the service was well led, the office staff were reliable and the management team was approachable and supportive. The provider sought the views of people about the service through direct contact by phone and visits. We found considerable improvements had been made at the service. However, there were aspects of the quality monitoring of the service that required some improvement to be judged as consistently good.

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 told us they felt safe using the service. Staff received appropriate training about safeguarding people from abuse and knew how to raise an alert.

There were systems in place to safely manage the administration of medicines, where this was required.

Risks to people who used the service were identified and addressed to minimise the likelihood of them occurring. Procedures were in place to deal with any emergencies should they arise.

There were adequate numbers of staff employed and safe recruitment processes were followed.

Is the service effective?

Good ●

The service was effective.

People told us care workers asked their consent before they provided care. Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff received training to ensure that they had the necessary skills to safely meet people's needs.

People were supported to have enough to eat and drink and to access health professional's advice, where this was appropriate.

Is the service caring?

Good ●

The service was caring.

People told us they were involved in making decisions about their care and support. They said they were asked for their views about any changes to the care provided.

People and their relatives spoke positively about the care and support they received. People said they were treated with dignity

and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and individual care and support plans were developed, people's preferences were considered.

People told us they knew how to make a complaint if needed and the complaints policy and procedure was available to them. We saw any complaints that had been made were handled in line with the provider's policy and procedure.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led. There were systems in place to evaluate and monitor the quality of the service provided. However some of these had recently started and it was not possible to judge their consistency at this time.

Staff told us the service was well run and the registered manager and branch manager were visible and approachable.

The provider took account of people's views about the service through, reviews, phone monitoring and spot checks.

Care Outlook (West Wickham)

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.

The inspection took place on 22 and 23 November 2016 and was announced. We told the provider before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be in when we inspected.

Before our inspection we reviewed the information we held about the service, this included any notifications. A notification is information about particular events, related to the running of the service, that the provider is required to send us by law. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authorities who commission some contracts with the service to gain their views.

The inspection team consisted of one inspector who had the support of two experts by experience with phone calls to people who used the service or their relatives where appropriate. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office for the service; we spoke with the registered manager, the branch manager, five members of the office staff and five care workers. We looked at eleven support plans, eight staff files as well as records related to the running of the service such as medicines records and audits. The experts by experience tried to speak with twenty four people or their relatives by phone but were only successful in speaking with 13 people who used the service or their relatives. We also spoke with another care worker by phone for their views after the inspection.

Is the service safe?

Our findings

At the last comprehensive inspection on 5 and 6 April 2016 we had found a breach of regulations as recruitment checks on new staff, the provider did not follow the requirements of the regulations. Personal references for two new care workers had not been verified and a risk management plan for a new employee had not been followed. The provider sent us an action plan to tell us how they were going to meet the regulatory requirements.

At this inspection on 22 and 23 November 2016 we found effective recruitment processes in place. These included identity checks, up to date criminal records checks, two satisfactory references from previous employers, a completed job application form and proof of their eligibility to work in the UK, where applicable. The provider, therefore, now had a system to ensure any recruitment risks were identified and that plans could be put in place to address any risks if they arose.

People told us there were enough staff to meet their needs and overall we found this to be the case. Most people confirmed that they had a small group of regular carers and that holidays or sickness was covered by the service without a problem. One person remarked, "We have good communication, if someone is off, the office will call me and send someone else. I have peace of mind with them." However, two people commented that there were problems when their regular care worker was away. One relative said "If the regular carer is off it all goes pear shaped."

People told us their care workers were usually on time, allowing for traffic, or notified them if they were running late and, stayed the full length of the call. One person told us, "They are not always on time but they do call to let me know." Another person said, "The office phones if they are running late." A third person commented "I have the same carer, but when they are off on holiday the substitute carers are usually late."

Most care workers told us they had sufficient time to travel between calls and that there were enough of them to provide care and support to people using the service. However one care worker commented that sufficient travel time was not always allowed, but, if they were running late the office would advise people about this.

The branch manager told us that travel time was allowed although traffic could make this difficult. If care workers were unwell at short notice or if there was an emergency, it could be difficult to provide the calls at the right time but they tried to do this as much as possible and were aware of who needed to be prioritised.

We had identified more serious breaches of regulations in respect of medicines management and effective identification and management of risks to people at the comprehensive inspection of 5 and 6 April 2016. We had taken enforcement action and served a warning notice in respect of these breaches. We had carried out a focused inspection on 24 and 25 August 2016 and found that the regulatory requirements were being met; although some improvement was required to ensure consistency and accuracy of medicines records and records in relation to risks.

At this inspection we found medicines were now safely and consistently managed. People told us they received and were assisted to take their medicines when needed. One person remarked "There are no problems about my medicines. The carers always help me." A relative informed us, [My family member] wasn't taking their pills so we had to change the support plan." Risk assessments were completed to ensure any possible risks were identified. People's medicines and any allergies were detailed in their risk assessments so that the information was available to staff and emergency services. There was guidance for staff about any individual risks, for example, reminders about the need for people to have their inhalers nearby, where this was relevant. Medicines administration records (MAR) detailed the medicines prescribed and the records were returned to the office to be checked for any errors or omissions. Body maps identified for care workers where prescribed creams need to be applied. Care workers received medicines administration training and their competence to administer medicines was checked.

Possible risks to people were now clearly identified and plans were in place to reduce the likelihood of these occurring. There was guidance for care workers on how to reduce the risks occurring. For example where someone was at risk of falls there was guidance to remind care workers about the mobility aid they used and to ensure they wore their call pendant. For someone else care workers were provided with guidance about their identified health risk and the need to encourage them to elevate their legs.

Checks were made for any environmental risks, specific fire risk assessments were completed to fully assess the possible risk of fire, and, where appropriate, a referral was made to the London Emergency Fire Planning Authority to visit and make fire safety recommendations. There were arrangements to manage any emergencies. There was an on call service people could contact if they needed to when the office was shut. Care workers had all received first aid and health and safety training and described how they would react in an emergency. There was an accident and incident book for staff to record any accidents or incidents and we noted that the reports recorded since the last inspection fully documented the concern and actions taken and had been dealt with appropriately.

People and their relatives told us they felt safe from any risk of harm or discrimination and that care workers respected their homes and possessions. One person told us, "I feel safe with the quality of care that I am receiving." Another person commented, "I fell very safe, I know my carers and I feel very safe with them." A relative said, "I have checked and my (family member) is always safe with them." Another relative commented My family member feels safe because they know and trust [the care workers], they have built a great rapport."

Care workers knew how to recognise possible signs of concern or abuse and had completed adult safeguarding training and understood their responsibilities. Office staff knew how to raise a safeguarding alert. They were aware of the provider's whistle blowing policy and what they should do if they felt they needed to use this. There had been no safeguarding alerts raised in respect of the service since the last inspection.

Is the service effective?

Our findings

People and their relatives told us they thought care workers and office staff knew what they were doing. One person told us, "They know what they are doing!" Care workers told us that they had received training to enable them to carry out their roles. One care worker commented, "We get lots of training here; the training is very good and it is frequent."

At the last comprehensive inspection on 5 and 6 April 2016 we had found some room for improvement with the training provided. Office care coordinators did not receive refresher training on adult safeguarding and the provider and registered manager agreed that they should be included in future refresher training in these areas. At this inspection we found office staff were provided with a range of training including safeguarding and medicines administration to help them fulfil their roles effectively.

Care workers records confirmed that training had been provided on a range of topics the provider considered essential, such as, safeguarding adults, mental capacity, first aid, health and safety and medicines administration. We saw that competency and knowledge checks were made following training to ensure that care workers understood the training provided. There was a system to monitor staff training to ensure it was refreshed when needed.

New staff were provided with an induction, period of shadowing and training. Care workers who had recently joined the service told us they had support to learn about the job through their shadowing experience and training. One new care worker told us "The training was really helpful and they make sure you know what to do. We get tested on it." Another care worker explained that they had needed some additional support with an aspect of someone's care and the service had arranged for them to receive further training. Staff new to health and social care work undertook the Care Certificate and this was confirmed from records at the inspection. The Care Certificate is a new nationally recognised qualification programme for people working in health and social care. There was an induction check list to confirm that new staff had been observed to assess their competence in a number of areas. Observations were also conducted as part of the training to ensure staff knowledge was embedded and put into practice.

Care workers told us they felt well supported with their work by the managers and office staff and had received regular supervision and an annual appraisal. Records confirmed supervision sessions and appraisals had been held to support individual staff. One care worker told us, "The office staff are really friendly and helpful now. I feel much more part of a team."

People told us they were asked for their consent before care or support was provided. We saw people's care plans recorded their consent to the care support and support they received. Care workers told us they understood the importance of gaining consent when they supported people. Where someone may have difficulty in communicating their consent they looked for nonverbal clues from their body language. People confirmed their consent was sought before support was provided. A relative remarked, "They will ask [my family member].. Do you want a wash? And they will tell them if they have already had one."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves. We checked whether the service was working within the principles of the MCA. People's rights where they lacked capacity to make a decision were therefore protected.

At the last comprehensive inspection we had found some room for improvement as care workers did not always demonstrate full understanding of their responsibilities under the MCA code of practice. At this inspection we found these issues had been addressed. Care workers told us they had received additional training on MCA and were able to discuss the actions they might need to take if they felt that someone lacked capacity to make a specific decision.

People were supported to have a balanced diet and were involved in decisions about their food and drink. Care workers told us that, where, they supported people with eating or drinking, they offered people a choice of food, where possible, and had a good knowledge of people's preferences. They told us they had received training in food safety and were aware of safe food handling practices. People were happy with the support offered in respect of their nutritional needs where this was part of their agreed plan of support. They said care workers were hygienic and used protective equipment such as gloves. People said they were given a choice and that care workers did not rush the support provided. One person told us, "They ask me what I would like and they don't rush me." A relative commented, "They bake and cook for my [family member] and it's healthy food." Another relative said, "We couldn't get [my family member] to eat fruit so the carer talked to her, told me which fruits to get, cut them up and now she eats fruit." Care plans reminded care workers to leave people with drinks where this was appropriate before they left.

Care plans included guidance for care workers about people's nutritional requirements such as any allergies. People's cultural needs in respect of their dietary requirements were also recorded for staff to ensure care workers were guided on how to meet these needs. Where people were not able to communicate there was guidance about their likes and dislikes. Care workers told us any concerns about people's eating patterns would be documented and they would notify the office who would, where needed, speak with relatives or health professionals to ensure the changes were communicated.

The service worked with health professionals, where this was appropriate, to ensure people's health needs were addressed. Records showed that people's healthcare needs were discussed when they joined the service and these were included in their care plan to guide care workers about their needs. Care records contained contact details of relevant healthcare professionals and their involvement in people's care, for example, information from the GP or district nurse. Staff told us they would notify the office if they noticed people's health needs change. Records we viewed confirmed office staff contacted the GP or district nurse and or relatives when a change was identified, and additional support from healthcare professionals was requested, when needed, to help address any health needs.

Is the service caring?

Our findings

People were happy with the care and support that was provided. One person remarked, "They chat with me, I am made comfortable, I am happy with them." A relative told us, "They are very caring and gentle and listen to [my family member] very well." Another relative commented, "They understand her very well, they know her very well. They are very conscientious and keep me informed." A third relative stated, "They are very compassionate and do exactly what they are supposed to do. They talk to [my family member]. I've nothing negative to say. Lovely engaging people who talk to the whole family."

People told us they were treated with dignity and respect at all times. One person told us, "They are very good with respecting my dignity, they cover me up." Another person said, "They are very polite and show respect." Care workers knew people's preferred names or how to address them correctly and respected this. People said staff ensured curtains were drawn and doors closed during personal care and that care workers treated any information confidentially and their property and possessions with respect. Care workers confirmed that they tried to ensure people's dignity was respected at all times.

People and their relatives told us they were involved in the drawing up their care and support plan. They said they had a copy of the plan that they could refer to it if needed. They confirmed they were consulted about their day to day needs and their wishes were respected.

People told us their independence was encouraged and this was reflected in the care plans. One person told us, "They help me to be as independent as I can by letting me dress myself and wash myself." Another person remarked, "[My Care Worker] treats me excellently. They know my limitations and help me where I need helping." Care plans gave guidance to staff about what people could manage to do independently such as any areas of the body that people might have difficulty reaching when they washed themselves.

People's diverse cultural and spiritual needs and human rights were addressed. We saw care plans addressed people's cultural needs for example with regard to people's diets, sensory needs or personal care routines. One care worker told us how they were matched to support a person because they could communicate in a particular language.

Is the service responsive?

Our findings

People told us they had a plan of care to meet their support needs and this had been drawn up during discussions with them and or their relatives, where this was appropriate. People told us the plans were kept up to date, this meant so that unfamiliar care workers would be able to follow it and meet their needs safely. People said they received the care detailed in the plan. One person commented, "They do everything in the care plan."

We saw that an assessment of people's needs was carried out when people joined the service to ensure their needs could be met. The plans identified a range of needs such as any mobility or health needs and there was guidance about how to meet those needs. For example there was detailed information about people's preferred names, or how to provide personal care, as well as, information about people's preferences and how to support independence in aspects of care they could manage themselves. Care workers told us the office was quick to update them with any changes to people's needs. One care worker said, "The office are good about keeping us informed and acting on any issues we have raised, like, if the family need to be contacted or someone has no heating when we get there." Care workers were provided with an allocation sheet each week that provided any updates about people's care needs. Where the local authority funded the care the service liaised with them about any identified changes in needs.

People told us they had not needed to make a complaint recently but knew what to do if they needed to. One person said; "I would tell the top one of the business if I was not happy. I have had no complaints." A relative told us, "The service gives [my family member] all they need and want. If they were not happy they would tell me. We have complained in the past and it was handled well." People were provided with service user guides when they joined the service. These included information on how to make a complaint, and, who to refer to, if you were unhappy with the outcome. We looked at the complaints log and saw there had been one complaint since our last inspection. We saw this had been dealt with in line with the provider's policy and resolved.

Is the service well-led?

Our findings

At the last comprehensive inspection on 4 and 5 April 2016, we had found more serious breaches in relation to the quality monitoring and monitoring of risks at the service. We had taken enforcement action on and served a warning notice for the provider to comply with the regulations. We had undertaken a focused inspection on 24 and 25 August 2016 and found improvements had been made and the regulations were met. However some further improvement was needed to demonstrate consistently effective quality monitoring processes.

At this inspection on 22 and 23 November 2016, we found some improvements had been made but there were aspects of the quality management that needed further development and time to embed. At the focused inspection on 24 and 25 August 2016 we had found daily records were returned to the service to check that care was being delivered as planned, but, the process for checking these records had then recently started and it was not possible to judge its effectiveness. This remained the case at this inspection and so this system was not yet working satisfactorily.

We found two care plans that were hand written and difficult to read in parts. The registered manager told us this had arisen because they had needed to review everyone's care plan following the last inspection and had difficulty finding time to type them, but they were working to address this issue. There was a reactive rather than a proactive approach to some areas of training. The provider did not refresh care workers training for areas such as food hygiene, Mental Capacity Act, dementia care and infection control to ensure that care workers remained up to date and knowledgeable. The registered manager told us when an issue was identified then care workers would receive refresher training. The registered manager and branch manager were committed and motivated to making further improvements at the service.

There was a call monitoring system used in one local authority area to monitor the promptness of calls. However, the use of this system required some improvement to maximise its effectiveness. The call monitoring system had not been checked promptly on the second day of our inspection as the office staff member responsible was not on duty. We noted that there were some late running calls and the office manager told us the reasons for the late calls had yet to be identified. Which meant there was a delay to addressing any problems and identifying learning to improve on late calls, particularly in view of the mixed feedback about the promptness of some calls we received at the inspection.

People told us they thought the service was well organised. One person commented, "I am well looked after, they are doing a very good job." Another person said; "The manager is approachable and they listen to you." A relative commented, "It is run very well, I'm not there all the time so I have to go by what is written in the book."

The registered manager was aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents. The registered manager was supported in their role by the branch manager. The registered manager and branch manager were committed to improving the service and making any changes that they identified were needed.

There were processes in place to monitor the quality of the service and reduce risks. Medicine audits were completed to check that people received their medicines as prescribed. Where issues were identified the audit recorded the actions taken to address the issues. For example gaps in MAR were checked with the delivery of care records. Care workers were called to the office for supervision if they had signed the MAR when care was not being delivered. Care workers all commented that they had received spot checks and observational supervisions; this checked care across a range of areas was being delivered as planned. We confirmed this was the case from records.

Care workers told us they were happy working for the agency and felt it was well managed. They told us that the communication between the office and themselves was better than previously and helped to ensure people received their care as planned and any changes were notified and recorded. One care worker told us, "This is a very good agency, it is well organised and action is taken if there are any problems. The manager is approachable and the office staff are reliable, which, is what you need." Staff meetings were not held which meant opportunities to discuss consistency or common issues were limited and care workers had limited opportunities to discuss any changes in procedures and policies together. However care workers told us that they did meet on training courses and did not feel a need to meet as a staff group.

Care workers were given a staff hand book as a guide to remind them about the service policies and procedures when they were delivering care. Care workers received their rota with regular updates and the office staff communicated by both text and email to try to ensure the message was received.

People's views about the service were asked for and taken into account. Annual surveys were conducted to obtain people and their relatives views of the service. We were told the annual survey forms for 2016 were about to be sent. The registered manager told us these would be checked to identify any learning. People told us they were asked for feedback at reviews, as part of observational supervisions and spot checks. Telephone monitoring calls were also made to seek people's views. We saw where any issues were identified these were addressed. For example one person had asked for an earlier call and that had been accommodated.