Care Outlook Ltd

Care Outlook (Bellerophon House)

Inspection report

Doust Way
Rochester
ME1 1FG

Tel: 01634830094
Website: www.careoutlook.co.uk

Date of inspection visit:
26 May 2022
30 May 2022
08 June 2022

Date of publication:
27 July 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
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

About the service
Care Outlook (Bellerophon house) is an extra care service and domiciliary care service providing personal care to younger people, older people and a person with a learning disability. People lived in flats within Bellerophon House in Rochester, Kent and in their own houses and flats in the community within the Medway area. At the time of our inspection there were 66 people using the service (19 people within Bellerophon House and 47 in the community).

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service and what we found
The service was not always able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
Individual risks were not always assessed and managed to keep people safe. Risk assessments were inconsistent and did not always detail the relevant information staff would need to meet people's assessed care and health needs.

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. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care
Care was person centred and flexible to meet people's needs. People were supported by a kind and caring staff team who treated them with respect. People's rights were promoted, and they were protected from discrimination. Staff understood their responsibilities to protect people from abuse and knew how to report concerns should they need to.

Right Culture

There was a positive ethos at the service and people were involved in planning their own care and were encouraged to give their views about the support they received. People were supported to develop their skills and to be as independent as possible. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People gave us positive feedback about their care and support. They told us, "They don't rush me. They're very good. They're patient"; "We have a good relationship"; "They've been really nice and supportive"; 'I've got quite friendly with a couple of the ladies [staff]. We often have a good laugh and a chat" and "They're lovely and they do all the things I need doing."

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

Rating at last inspection
The last rating for the service under the previous provider was good (published on 17 March 2020.)

Why we inspected
This is the service's first inspection since registering with the Care Quality Commission as a new legal entity on 4 February 2021.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to risk management at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our responsive findings below.	**Good**
Is the service caring? The service was caring. Details are in our responsive findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Care Outlook (Bellerophon House)

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. A manager was in post, who had not yet registered with CQC, and left the service shortly after we inspected.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 26 May 2022 and ended on 8 June 2022. We visited the location's office on 26 and 30 May 2022 and undertook calls with staff between 6 and 8 June 2022.

What we did before the inspection
We reviewed information we had received about the service. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people and four relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, the regional manager, the manager responsible for training, the care manager, the quality monitoring officer, the team leader and care workers.

We reviewed a range of records. This included seven people's care records and medicines records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including checks and audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training records, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection of the previous legal entity we rated this key question good. At this inspection the rating has changed 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; Learning lessons when things go wrong

- Risks relating to people's care had not always been well managed. Risk assessments were not always robust to include risks associated with health. For example, where people had a diagnosis of epilepsy, there was no epilepsy risk assessment in place to provide staff guidance on what to do if a person had a seizure whilst eating, drinking and bathing. This meant people were at risk of harm.
- Risks regarding medicines were not always robust. Staff did not have clear information about risks of people taking anticoagulants and risks relating to flammable creams. Falls risk assessments were not in place for those at risk of falls who were also prescribed anticoagulants. Anticoagulant medicines can cause excessive bleeding internally and/or externally in the event of a fall. This put people at risk of harm.
- Risks relating to diabetes had not been mitigated effectively. People living with diabetes had information and guidance in their care records for staff. However, the information was generic diabetes information and was not person centred to enabled staff to know how diabetes affected the individual and what their normal/baseline sugar level readings were. The information for staff did not give guidance about what action they should take if the person's blood sugar levels remained high.
- There was a system in place in relation to accidents and incidents. It was not always clear from the records what actions had been taken to address the incidents as relevant sections of the forms had not been completed. We checked with the management team whether actions had been taken, they were unable to find records to evidence some of these had been appropriately acted on. Some had been actioned, but the records had not been updated and completed. This put people at risk of harm.

The provider had failed to assess risks related to people's physical health needs and care had not been planned to keep people safe. This placed people at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People and relatives told us medicines were given safely. One relative said, "We always have our tablets. The carers help [loved one]. There's a locked box. The carers get the tablets out for her."
- Medicines were mainly well managed. Some people required support with their medicines, where this was the case it was recorded on the electronic care planning system. This enabled the management team to monitor that medicines had been given. Medicines audits had taken place to check that people had been given their medicines as prescribed. One person's care records had conflicting information about whether they or staff managed their medicines. We reported this to the regional manager to follow up and make it clear who was responsible.
- Staff had received medicines administration training. Staff had not received competency checks following

the training. The training manager explained that they had identified this was a training need and competency checks had been booked to take place.

● Most staff knew and understood what medicines people took and why. Medicines people were prescribed were detailed in each person's care records, along with the side effects. Staff reported there was some inconsistency in the electronic records of medicines tasks, for example some people's care call listed each medicine staff needed to administer and others recorded a task of administering medicines prescribed without listing them. We reported this to the regional manager as an area for improvement.

Staffing and recruitment

● Staff were recruited safely. Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Staff working in the community reported they had travel time allocated to them to enable them to travel between care visits. We observed that there were enough staff deployed within the extra care service to meet people's planned care needs.

● One person in Bellerophon House told us their care visit was too late in the day and did not meet their needs. We reported this to the regional manager, who took action and met with the person and their relative to resolve this.

● Some people reported delays to their care which meant they were left waiting for support. One person told us this meant having to wait to be transferred into their chair as they needed to be hoisted to be moved. This is an area for improvement.

● People and relatives in the community gave us mixed views and opinions about their care calls. Comments included, "I know roughly when they're coming. They come at the same time each day"; "Sometimes I do have to ring up because they haven't turned up yet. Sometimes they're late and sometimes they're early. I'm down for 10.30 but sometimes they come about 11.15 or 11.30"; "They arrive reasonably within time. If they're busy, they're usually 10 mins or so late. They're pretty much on time" and "The timings are lovely for us."

Systems and processes to safeguard people from the risk of abuse

● The provider had effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had been reported to the local authority.

● Staff we spoke with were confident they would be able to identify abuse. Staff told us they felt comfortable to report concerns to the provider and the management team. They felt that concerns were taken seriously, and appropriate action was taken. Staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.

Preventing and controlling infection

● People and relatives told us staff wore personal protective equipment (PPE to keep themselves and people safe. We observed staff wearing appropriate PPE in the extra care service.

● Staff had access to enough PPE. The provider followed government guidance on COVID-19 staff testing in community social care settings.

● The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.

Good

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 our last inspection of the previous legal entity we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to people receiving a service. These assessments were used to develop the people's care plans. In both the extra care service and domiciliary service, the care plans clearly detailed what people's assessed needs were.
- People's equality and diversity needs, end of life care needs, oral care, capacity and health needs were included in the information obtained before packages started to enable staff to provide safe, person-centred care and support.
- The assessments and re assessments of people's needs had to continued goals and action plans being set to support a person with learning disabilities to develop and improve their skills and maintain certain levels of independence. The person was successfully living an independent life with minimal staff support.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training to meet people's assessed needs. A relative told us, "They are also aware of her mental health and when she gets depressed or anxious. They have the skills to help her with this. It's not just about the practical stuff."
- Training had been provided via e-learning. The provider had planned to change training to a mixture of e-learning and face to face training to enable trainers to assess each staff member's competency in relation to moving and handling and medicines. The training package had been set to meet The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received an induction into the service which included shadowing experienced staff. Records showed staff had received supervisions and spot checks, this enabled staff and the management team to discuss future training needs and review performance as well as discussing support required from the management team.
- Staff were given the opportunity to develop and achieve work based vocational qualifications in health and social care. Staff received an induction into the service. Staff told us, "My induction included shadowing of single calls and then double calls with other staff and training online. Before I started, I did some tests, everyone works differently so pick up hints and tips from others, they have been really helpful. I have had one spot check with [quality monitoring officer]"; "I have recently done all my e-Learning (over 20 courses)" and "Had a review/supervision recently, not had spot check yet."

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

● People and relatives gave positive feedback about their mealtime experiences. They were supported to prepare and cook the food themselves where this was their wish. People were also provided with choice and received drinks to complement their meals and to help them stay hydrated.
Comments included, "They usually do breakfast. In the afternoon, they'll do a sandwich or give him cakes"; "They always ask if I want breakfast. They ensure that I have food and drink for the day. They help me write a shopping list. I tell them what I want, and they write it down on a pad"; "They make my breakfast in the morning. I have a lunchtime sandwich and they leave adequate water to drink" and "Staff make sure that [relative], who is confined to bed, also has snacks and drinks within reach."
● Some people needed assistance from staff to prepare and cook meals and drinks. Relatives purchased foods for people based on their likes and preferences. Records showed what people had eaten and drunk.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and relatives told us they were supported to access healthcare services and support when required. People said that staff had contacted medical help when needed. People and relatives said that relatives go with people to medical appointments, or the doctor has visited them at their home.
● Comments from people and relatives included, "Staff suggest I ring a doctor if I've got a problem"; "[When a person has been unwell] They've waited there until I get there or the ambulance crews have arrived [before leaving]"; "Staff would call medical support if they deemed it necessary, and they have done in the past" and "If staff think my [relative] needs an ambulance or doctor they sort that out."
● Records confirmed that staff had taken action when finding people unwell and not acting in their usual manner which indicated an infection. A staff member said, "If a person is unwell, I would call 999, then call the on call." Records also showed that community nurses worked closely with the service.
● Staff working in the extra care service shared how a person with a learning disability had wanted staff to make a dentist appointment. The staff did not take over the task but supported the person to make the appointment and supported the person to get to the appointment.
● Where there were concerns with people's diet and weight loss, appropriate action had been taken. One staff member said, "I do have one client I have to sometimes weigh; the dietician is involved."

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 MCA 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.

● People told us they made choices and day to day decisions about their lives. Comments from people and relatives included, "The thing is I'm not always up to having a shower shall we say. I can have that choice. They don't push me into having a shower, but they will remind me. They won't force me into having it. It's based on how I feel" and "In the mornings she can say what she wants for breakfast; what she wants to wear. Staff respect that."

● People's care records evidenced that staff respected people's choices and decisions including unwise ones.
● A staff member said, "When I provide care, I make sure people are offered choice and I gain consent." Another staff member told us, "Capacity assessments would be done by [manager], if I had any concerns relating to unwise decisions or capacity declining, I would report."

Good

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 our last inspection of the previous legal entity we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they found staff to be kind and caring. Comments from people and relatives included, "Staff are friendly and kind" and "They're lovely. They're lovely and kind and they know all that I need doing."
- Staff referred to people by their preferred names. Care records reflected people's preferred names. We observed staff who worked at the extra care service knew people well, there was positive interaction between staff and people. People told us the staff employed by Care Outlook were kind and friendly.
- People were supported to meet their religious needs. A relative explained, "Staff support her beliefs. They make sure she's ready, so she can go [to church]."

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

- On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. Daily records clearly showed where people were making choices and decisions about their lives. One person said, "They have it all written down. If I get a regular [staff member] they [already] know what to do. I ask staff for help, when I need to phone up people. They help me with that."
- People told us they were involved in developing their care plans. Some people had difficulty expressing how they liked things done. When this was the case, people's relatives were involved in speaking up for them. One relative said, "They have the skills to engage in conversation and they engage her quite well. There is a consistency of staff. She knows who's coming in. Even if the carers are on holiday, she knows that who's coming in will be of the same standard."
- People told us that they were able to make changes to their care and support times if they needed to such as when they needed an earlier care visit to help them get ready for medical appointments or trips out with relatives.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support. One staff member said, "I treat everyone how I would want my mum to be treated, if I am giving someone a wash, cover [them] up. Respect personal choices and provide person centred care." People and relatives told us, "Although [person] was not physically able to be very independent. Carers support him in making his own decisions" and "I am quite independent, as much as I can."
- Staff treated people with dignity and their privacy was respected. Staff detailed that when they provided people with personal care, they ensured curtains were closed, doors were shut and that people were supported to cover up. People and relatives said, "They close doors and windows"; "They cover him with a towel" and "Close curtains and doors whilst washing."

● Information held at the office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure. Applications on mobile phones were password protected, so that only staff who had been authorised to access the information could do so.

Good

Is the service responsive?

Our findings

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

At our last inspection of the previous legal entity we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

● People and their relatives told us staff knew their needs and preferences well and provided people with the appropriate support. They told us they had been involved with the care planning process. Comments included, "I have somebody who comes once a year to do an assessment of my care plan. We talk through it and make sure the care plan is correct"; "I haven't been involved in reviewing (the care plan), but I'm happy with everything they're doing. My husband's happy. That's the main thing" and "They always say is there anything else you need before they go, they do everything he says. He's quite happy."

● People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included details about likes, dislikes and preferences and included information about people's life history. Care plans were in place for each person's assessed needs such as personal care, maintaining a safe environment, emotional support, mobility and continence needs. A staff member said, "Always good information in the care plan and risk assessments and information about the key safe. I always get enough info."

● Care plans promoted independence. Staff told us they encouraged and prompted people to do things for themselves.

● A person living at Bellerophon House that was not supported by Care Outlook provided feedback at the inspection to detail how much they valued the interaction with the Care Outlook staff working the building. They said that often the staff were the only people they saw and interacted with in a day and it meant a lot to them. They had observed how people in receipt of care had been encouraged and helped to participate in events held in the Bellerophon House building. They shared that if and when they required a care package, they would have no hesitation to choose Care Outlook Bellerophon House.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Information in the service was available in a variety of formats to meet people's communication needs. The management team told us they offered people the opportunity to receive the customer guide and other information in alternative formats, such as in a larger font, different languages and spoken versions for people with a visual impairment.

● The regional manager told us they operated an open-door policy. We observed people visiting the Care Outlook office at Bellerophon House to chat with staff and make requests.

Improving care quality in response to complaints or concerns

● People and relatives knew how to complain. Comments included, "The thing that I like about the staff team is that things don't escalate too far. They deal with it at the first point. I've had to have little contact with [manager] because things have been dealt with quickly" and "I had raised issues with people in the office. I know the area manager. I would always send them an email to make sure it was on record."

● During the inspection one person and their relative shared that they had complained to the previous manager and this had not been actioned. We checked the complaints records and found that the complaint had not been logged or recorded. We reported this to the regional manager who took immediate action. They met with the person and their relative to resolve the complaint.

● The regional manager shared that the provider was in the process of revising records, which would enable people to have a copy of the complaints process in their own homes.

End of life care and support

● The service was not providing end of life care for anyone at the time of the inspection.

● The management team understood that if people's health deteriorated, they would seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives.

● Some discussions had taken place with people and relatives to look at end of life wishes. Some people had a DNACPR (do not attempt resuscitation) in place which had been discussed and agreed with their relatives and consultants.

Requires Improvement

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 our last inspection of the previous legal entity we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team regularly undertook audits of the quality of the service. However, these had not identified the concerns in relation to risk assessments that we found during the inspection. We discussed this with the regional manager who advised us this would be resolved following the inspection.
- Any issues identified through these audit processes were added to the service improvement plan with a time scale and responsible staff member to action.
- There was a new manager in post who had recently joined the service. They left just after we inspected the service. The provider was in the process of recruiting a new manager to ensure they met the condition of their registration. The service had been without a registered manager since January 2022. The regional manager had based themselves at the service to operationally manage the service until a new manager had been recruited.
- Some staff raised that improvement could be made to how communication is made when there are changes to the rota. They explained this would help them avoid missing changes. We reported this to the regional manager. The regional manager added this to the action plan for the service to ensure any changes to staff rotas are made through direct communication with the staff member rather than changes to the rota in the electronic system used by staff.

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

- Most people told us communication was good. Some people had not found it to be as good, this was because they had raised things with managers that were no longer around, and issues had not been resolved.
- People and relatives said, "If there's any change they'll always send correspondence about any changes. They'll always make some form of contact"; "I find [the manager) accessible. I'm still getting to know her. She's always ok to me"; "I'm alright phoning up. I manage to speak to someone in the office"; "I have not had to contact the manager, but I had contacted the office with questions and that they were pretty good at sorting things out" and "If I've got a problem I see the carers that come. If I mention a problem something is done."
- Staff told us they were listened to; they found the management team approachable and were encouraged to raise any concerns. All staff we spoke to clearly enjoyed their roles and felt part of the team. Comments from staff included, "The atmosphere is so much better, good culture"; "There is a lot of support. [Regional

manager] has been brilliant"; "[Regional manager] is quite involved" and "I really do love my job. [Care manager] is really good, I feel well supported, the care staff are also really friendly, lovely and helpful."
● The management team was visible and approachable throughout the inspection and knew people's needs and preferences well. Most people told us they would recommend the service. One person told us how about how their life had changed for the better since moving to the extra care service and receiving support from Care Outlook.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The regional manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
● Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The management team had notified CQC where this was appropriate and there was a culture of transparency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People receiving a service had not yet been asked for feedback about their care and support by the provider through surveys. Surveys were due to be sent out. However, people receiving care in the community had received quality monitoring phone calls from the office and people living in the extra care service had received visits from the management team to gain their views.
● The service had received positive feedback and compliments from people and relatives. One read, 'We would like to express our gratitude to you for discovering the mistake in [person's] meds which in turn stopped her from becoming very ill.' Another compliment stated, 'All staff are very friendly, and nothing is too much trouble.'
● Staff were well supported by the management team. Staff meetings were taking place regularly face to face and via video call and staff felt confident in the support they received from the management team. They felt communication was good and they were made aware of changes through group chat messages. Staff said, "

Working in partnership with others
● The management team had taken the opportunity to attend video link local forums and national events to liaise with others and keep up to date with good practice. This included local infection prevention and control provider and manager networks, which they had found useful.
● The management team worked closely with the housing manager from a different organisation who was responsible for the housing and tenancies for people living at the extra care service. Some people living at the extra care service had reported issues about their care and support to the housing team. These had not been passed on to Care Outlook. The management team were working to improve communication between them and the housing team to sure this did not happen again.
● The management team maintained contact with local authority commissioners, quality assurance teams and staff as well as health care professionals such as GP's, community nurses and consultants to achieve good outcomes for people.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess risks related to people's physical health needs and care had not been planned to keep people safe. Regulation 12 (1)(2)