Care Outlook Ltd

Care Outlook (West Wickham)

Inspection report

128 High Street
West Wickham
Tel: 020 8777 3840
Website: www.careoutlook.co.uk

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 2 June 2015 and was announced. We told the provider two days before our visit that we would be coming as we wanted to make sure the registered manager would be available. This was the first inspection of this service.

Care Outlook (West Wickham) provides support and personal care to people in their own homes. At the time of our inspection approximately 190 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 the local authorities and people who pay privately.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

While most aspects of safe recruitment practices were in place, for example police identity and character checks, the provider did not ask for a full employment history to protect people from the risk of being supported by unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Arrangements to comply with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards were not in place. These protect the rights of people who may not be able to make some decisions. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems to monitor the quality of the service were in place but were not consistently used and records related to the management of the service and staff records were not always available or recorded. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take in respect of those breaches at the back of the full version of the report.

People told us they felt safe and well cared for. Staff were aware of how to raise any concerns and had received training on safeguarding adults so they knew the signs of possible abuse. Possible risks to people were identified and plans were put into place to reduce risk. There were arrangements to deal with emergencies and staff had first aid and fire safety training.

People were asked about their food and drink choices and staff supported them with their meals when required. People were supported to take their medicines when needed. People were involved in making decisions about their care wherever possible and were supported to be as independent as they could. Care plans were set up that reflected people's individual needs and wishes, and guided staff on the care and support to be provided. Checks were carried out to ensure people got their calls when they were needed. Most people confirmed this was the case; although a small number of people, seven out of 30 reported late calls on some occasions.

People were supported by a small team of carers to try and maintain consistency in the support provided and this enabled staff to get to know people's needs well. Most people described staff as kind and caring and that they had a sense of humour as well although two people described two staff member as having a more abrupt manner than other staff. Staff were trained and supported to carry out their work.

Staff told us the service was well led and the branch manager and registered manager were approachable and supportive. The provider sought the views of people about the service through a system of checks and an annual survey. People knew how to make a complaint if they needed to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were aspects of the service that were not safe. While recruitment checks were carried out a full employment history was not obtained to protect people from the risks of being supported by unsuitable staff.

There were adequate numbers of staff employed and 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 emergencies and staff had received appropriate training to deal with emergencies.

Staff received appropriate training about safeguarding people from abuse and knew how to raise an alert. There were systems in place to manage the administration of medicines where this was required.

Requires Improvement

Is the service effective?

The service was not always effective. Arrangements for staff to follow the Mental Capacity Act (2005) Code of Practice were not in place and staff did not have sufficient knowledge of their roles in relation to this.

Care workers had received training in line with the provider's guidance and were supported to provide care to people. Training was refreshed and where this was due arrangements had been made for staff to complete the necessary training.

Where required people were supported to have enough to eat and drink. Their health needs were monitored and they were referred to relevant health professionals if their needs changed.

Requires Improvement

Is the service caring?

The service was caring. The people we spoke with told us the care workers were kind. They said they were happy with the care and support they received. We saw the staff team worked to make sure that people had consistent care with the same group of care workers as far as possible

People and their relatives said that they were involved in planning for their care, and their preferences and wishes were respected. We saw that care plans had been signed by people who used the service, or a relative if this was appropriate, to show that they agreed and had been involved in the plan.

People told us their dignity was always respected and that care workers helped them to be as independent as they wanted to be.

Good

Is the service responsive?

The service was responsive. People felt they received the right kind of care and support to meet their needs. People's needs were assessed and they had a plan of their care and support that addressed their individual needs.

Good

Summary of findings

People felt their views were listened to and issues were addressed. Complaints were handled in line with the provider's policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.The provider had systems in place to check people received appropriate care. However records related to the monitoring of the service and staff records were not always available. Some policies were inaccurate or not available for staff as guidance.

People were asked about their satisfaction with the service at 'spot check' visits, during telephone monitoring, quality monitoring visits and at reviews. People and their relatives were also asked to complete annual satisfaction surveys.

Staff told us they felt well supported and valued and that they could express their views. They said the branch manager and registered manager were supportive and approachable.

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 2 June 2015 and was announced. We gave the provider 48 hours' notice of the inspection. We did this because the manager is not always at the office and we needed to be sure that they would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service which included any notifications we had received in the last 12 months.

During our inspection we spoke with eight people who used the service by phone or their relatives, four care workers, two office coordinators, the branch manager and the registered manager. We looked at 11 care plans, eight staff files as well as a range of other records about people's care, staff records and how the service was managed. After the inspection we spoke with a further 22 people or their relatives, another three staff members and the training coordinator.

Requires Improvement

Is the service safe?

Our findings

Safe recruitment practices were not fully followed. Staff told us they went through a thorough recruitment and selection process before they started working for the service. Staff files contained a checklist which identified all the pre-employment checks the provider had obtained in respect of new staff. This included up to date criminal records checks, two references from previous employers, photographic proof of identity, a job application form, a health declaration, interview questions and answers, and proof of eligibility to work in the UK (where applicable). The provider's application form, however, only asked for the previous five years employment history rather than an applicant's full employment history as required by law to protect people from potential risk of unsuitable staff. Applicants had only supplied the five years history of employment as requested on the form. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when care workers visited and that their homes and possessions were respected. One person told us "'I feel very safe when I am with them." Another person said "It is a safe, reliable and wonderful service." Staff were aware of signs of possible abuse and neglect and what to do if they had any concerns. They were aware of whistleblowing procedures and where to report concerns outside the organisation. Records showed staff received training on recognising and reporting abuse. Their knowledge was checked by means of a written test. There were arrangements to help protect people from the risk of financial abuse. We saw staff had a handbook which included the procedures for dealing with people's money. People were given receipts for all items purchased and each transaction was recorded and checked by the service. Where safeguarding referrals had been made the service had worked in cooperation with the local authorities.

Risks to people were identified and procedures were in place to manage risk. People told us they were given emergency numbers to contact on call staff when they started to use the service. All care workers had completed first aid training and had access to office support or the 'out of hours' service if needed in an emergency. All the care staff we spoke with knew how to respond in the event of an emergency to ensure people were supported safely. One care worker described to us how they had done this recently when they had found someone who had fallen in their home. Staff had a uniform and ID badge to confirm their identity so they were easily recognisable to people using the service.

The service had systems to manage and report accidents and incidents. Details of any incidents such as falls were logged at people's homes and staff notified the care coordinators so an immediate record could be made of the incident. People's medical conditions were highlighted clearly in people's care plans to alert staff. One person told us how the care worker had dealt with an emergency. They said the care worker "did all the right things."

There were risk assessments to address possible risks to people using the service and to staff. There was an environmental and fire risk assessment completed when someone started to use the service. This included security and fire safety checks and identified any risks present and how these risks could be managed or reduced. We saw reminders to staff about security at people's homes recorded in their care plans. Other risk assessments such as medicines, manual handling, skin integrity or nutritional risk were individualised to provide guidance to staff in managing these risks. Risk assessments were reviewed; for example staff told us that new manual handling risk assessments were completed if someone's mobility changed and if new equipment was needed to transfer someone, they received training on its use from an occupational therapist.

There were sufficient numbers of staff deployed at the service. Staff told us there were enough of them to cover the needs of people who used the service. They said they were able to cover staff's holidays although sickness at short notice could delay people's care. The office manager told us they tried to place care staff that lived locally to people who used the service to reduce travel time and the risk of staff arriving late. The service worked across two local authorities and separate staff teams covered each local authority to help consistency and reduce travel times.

People were supported to take their medicine safely where this was appropriate. People's care records contained details of prescribed medicine and this was reviewed when necessary. Where it had been identified that people needed support to take their medicines staff told us they recorded this on a Medicines Administration Record (MAR). These were returned to the office at regular intervals and checked for any gaps. We saw the office staff liaised with

Requires Improvement

Is the service safe?

the GP and family where appropriate if there were any queries or concerns. Staff were trained in medicine awareness and had their competency assessed while they delivered support. They described how they checked and completed medicines records where this was required to confirm whether people had received their medicines.

Requires Improvement

Is the service effective?

Our findings

People's rights with regard to decision making were not always protected in line with the Mental Capacity Act (2005) Code of Practice and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the Mental Capacity Act (MCA) 2005 and had received training. However, staff including care staff, office staff and the branch manager were not always aware of what processes to follow if they felt someone no longer had the capacity to make a decision for themselves. Care plans we looked at showed people and or their families had agreed to the plan of care. Some were signed by relatives when it was unclear if the person concerned lacked the capacity to make this decision or, if the relative had any legal authority to sign on their behalf. Where there were concerns about a person's capacity to administer their medicines there was no recorded mental capacity assessment or best interest's discussion with the GP to confirm if the person no longer had the capacity to make this decision.

There was no policy or guidance in place for staff on their role and responsibilities under the MCA or DoLS to remind staff about what to do where people may lack capacity for some decisions or if a person's normal freedoms and rights were being significantly restricted.

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

People told us they were asked to give their consent for care and staff explained how they did this before they offered care and support. One care worker said, "I always ask before I do anything. And a cup of tea first helps!" Another care worker told us "You ask people and give them choices. That is important. I always ask."

People told us they were supported by staff that had the skills to meet their needs. One person said "They are so well trained." A relative commented "The hoist is managed well. They've had training." All new staff attended a four day induction when they first started working for the service. Topics included, emergency first aid, moving and handling, infection control, food nutrition, mental capacity and safeguarding. Staff told us the induction had been thorough and one staff member described a practical session, in which they were hoisted, to enable them to be able to identify with people's experience directly. They told us "I can tell them about it. It helps." There was also a period of shadowing for new staff before they worked on their own. We saw that the training coordinator had begun to prepare to use the new Care Certificate (a new accredited qualification for care workers) for inducting new employees at the service. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed according to the provider's requirements for refresher training every two years. Some refresher training was overdue; for example six care workers safeguarding adults training was overdue and five care workers manual handling refresher was also overdue. However training dates had been booked for July 2015. Some staff had completed additional training such as the Health and Social Care Diploma. Staff told us they had regular supervision and were well supported to carry out their roles. Records confirmed supervision was carried out by care coordinators'. Annual appraisals were in the process of being completed.

People were supported to eat and drink appropriately where this was part of their planned support. About half the people we spoke with were supported with meals or drinks by care workers. One person said "They do breakfast and something for teatime. I always choose what I want." A relative told us "It is really good, because it is getting them in to a better pattern, and maintaining their independence. They monitor their cooking to make sure they are doing it."

Care workers had received training in food safety and were aware of safe food handling practices. Staff told us they offered people a choice of food where possible and had a good knowledge of people's needs and preferences. One care worker told us "I ask what they want to eat and drink, write it in the notes but sometimes I have to say, 'just try a little', and they do." Guidance was provided to staff for example about people's drinks preferences. Any allergies or dietary needs were recorded in their plan and any dietary needs were assessed and this was confirmed by staff and people who used the service. Staff were reminded to prepare extra drinks in hot weather. People's food and fluid intake was monitored where this was requested by health professionals.

Information about people's healthcare needs was included in their care records to inform staff about their needs. Care records contained details of where healthcare professionals had been involved in people's care, for example, information from the GP or district nurse. Staff told us how they would notify the office if people's health

Requires Improvement

Is the service effective?

needs changed. Record confirmed office staff had contacted the GP due to a change in health needs and additional support from healthcare professionals was provided where needed for people to help them maintain good health.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind, most of the 30 people and relatives spoken with described their carers positively. For example one person told us "They are very willing to do anything I ask." Another person said "The staff are gentle and polite; they take good care of me."

A relative told us they were "Very, very happy with the service," and they had "taken the agency's advice about certain things, and 'everything is excellent." Other comments included "We have a good laugh together." Another relative explained "The carer is fantastic; they have a great relationship with my (family member)." Two people commented more neutrally, one person said "it isn't bad", and the other remarked "It is fair enough."

People and or their relatives were provided with information about the service in the form of a guide and about how their care and support needs would be met.

Staff told us the service tried to keep care staff with the same people who used the service to maintain continuity of care and build good working relationships. Care coordinators told us they took people's preferences for male or female carers into account and tried to match care workers appropriately. People confirmed this was the case. One person told us "It is a small team I can get to know them well." A relative commented "Such well-chosen carers that have been matched with (family member). They seem to know just what to do to orientate them." Another relative said "Consistency is the most important. They… need to see the same faces. They do their best with this and it is usually okay."

People's views about their care were taken into account. People described how they were involved in their care and their preferences and wishes were respected. One person told us "They always check the plan and then ask how I want things today." Staff knew the people they supported and their needs well when we spoke with them. One staff member described how they communicated with a person who was unable to communicate verbally with them. They told us "There are always ways around it and I enjoy finding them." They told us how the system of a small group of care workers helped to maintain continuity of care.

People commented that staff were mostly respectful. One person said "They are always very polite and considerate." Another person told us their care worker was "lovely, polite, very willing to do anything I ask for. We work together, it is great." People told us staff knocked before they entered and checked before they provided care or support that they were happy with what they were doing. Staff described how they maintained a client's privacy and dignity, with examples such as closing curtains and doors also how they gained consent before care. Staff told us they talked with people while they provided care to help them feel at ease. This was confirmed by people who used the service. One person explained "They are polite, but we do joke!" However two people expressed reservations about two members of staff having an abrupt manner. We discussed this with the branch manager who agreed to discuss staff attitude during future team meetings.

Good

Is the service responsive?

Our findings

People told us they received care and support in accordance with their care plan. People told us they had an assessed plan of care to meet their needs. Their preferences about their care were included in their plan and the care plans contained detail about what they could manage independently and where they might need assistance. One person told us "They encourage me to do as much as I can, it's good for me." A relative said "We were involved in drawing up the plan for their (family member's) care."

We looked at people's care records and saw they covered people's needs and gave an outline of their mobility needs, health needs, personal needs, cultural background and religion and the support needed to meet those needs for example dietary requirements to meet people's nutritional needs. Care plans had been signed by people who used the service, or a relative, to show that they agreed and had been involved in the plan. Care plans were reviewed annually or earlier if people's needs changed. For example a relative explained how their family member's care package had been increased in response to their request for additional support. The agency notified the local authority about any changes in people's needs, for example, if they felt they might need a longer call to meet their needs or if they required equipment when their mobility needs changed. Care workers told us the office staff were very prompt to respond to this. The service worked with occupational therapists to ensure care workers were familiar with any new equipment needed.

Staff rotas provided updates on any changes to people's circumstances and highlighted concerns, for example any issues about security. Staff told us the office staff were reliable about letting them know about any changes to people's needs.

Three quarters of people we spoke with told us that they received their care at about the agreed time and staff stayed for the full length of the call. One person said "They are hardly ever late."

Another person told us "They are pretty good at getting here on time." Seven people told us they had experienced late calls on occasions, usually when their regular carer was not working. One person told us "When they send others. The times change then." Another person said "'My regular one comes on time. Others can vary." A third person commented "They are sometimes a bit late but I know public transport is not always reliable." Three people told us their calls were more regularly late. One person said "It is hard to get them to be consistent and it can be between 9:30am and 12." A third person commented; "They start switching it around, sometimes it is very late." The care coordinators told us that there could be difficulties at short notice with staff sickness, public transport or other emergencies as care workers may need to cover additional calls and they tried to resolve any problems as soon as possible. The service had introduced an electronic call monitoring system as required by one of the local authorities and was in discussion with the other local authority to consider introducing this as a way of monitoring and reducing late and missed calls. This system logged the times and duration of calls and showed if care workers did not give the full duration of time allocated to meet people's assessed needs. If a care worker was consistently late with their calls this was addressed in supervision which we confirmed in staff records.

People and their relatives told us they knew how to make a complaint and this was explained in the service user hand book. The provider had a policy which clearly outlined the process and timescales for dealing with complaints. We looked at a summary of complaints the provider had received since the last inspection. There were four complaints logged in the last year. The service had acted appropriately where people had complained or raised concerns. The records showed complaints had been resolved satisfactorily.

Requires Improvement

Is the service well-led?

Our findings

There were processes to evaluate and monitor the quality of the service. These included spot checks on staff to ensure they were carrying out their duties as required. Care coordinators completed telephone monitoring and quality visit checks to ensure people were happy with the care provided and any issues were noted and action taken; for example if refresher training for a care worker was required. However we found these were not always consistently carried out or recorded in line with the provider's requirements for quarterly monitoring. Of the 11 care plans we looked at five had no record of telephone monitoring or quality visits for this year. Staff confirmed they had checks made to assess their competency but of the eight staff files we saw five had gaps in records for spot checks or field observations. Where a training issue had been identified for one staff member there was no record of the action taken although we were sent proof following the inspection that relevant action had been completed at the time. Records of staff induction, refresher training and end of probation period interviews were not always available in staff files.

There were copies of the policies and procedures to refer to but we saw some of these policies did not always provide staff or people with the accurate and necessary guidance. For example the complaints policy did not provide details of the address for the Director of Operations so that people could make a formal complaint if they were unhappy with how the manager had dealt with their complaint. People were incorrectly advised to contact CQC for resolution of the complaint rather than the local authority or local authority ombudsman where relevant. The medicines policy did not give staff any guidance about what to do in the event of a medicines error. Care workers told us they would record it and report it to the office but there was no detailed guidance for them to refer to. The provider had failed to identify the issues we found with their recruitment procedures and arrangements to follow the Mental Capacity Act (2005) Code of practice.

These issues were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan to show how the issues identified in this report would be addressed.

Regular staff meetings to share any learning had not been held for the last year. The registered manager told us this had been due to a lack of space and the distance for some care workers to travel. However they now had additional meeting space and we saw meetings were planned to start from June 2015. Staff told us they were sent regular updates and reminders by text or email for example a reminder about extra fluids during hot weather.

The registered manager was aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents, however we had not always been informed promptly on two occasions and this required some improvement. We discussed this with the registered manager and branch manager who assured us these would be submitted promptly in future. The service did not conduct its own regular care plan or staff record audit to monitor for any issues but the manager introduced this during the inspection; we were therefore unable to comment on its effectiveness. Office staff told us that they discussed the outcomes of safeguarding concerns or other incidents to consider if any changes needed to be made to procedures as a result. We saw these meetings were held monthly and detailed any action needed.

People told us they were asked about their views of the service. Annual surveys were sent to people and the feedback was used to highlight areas of weakness and make improvements to the service. We saw the results from the most recent survey sent during 2013.The office manager told us the survey results for 2014 were being produced at the time of the inspection. The results of the survey were mostly positive. Improvement plans were drawn up to identify any necessary actions.

Most people told us they thought the service was managed well. One person told us "I think it all works very well and there are no problems." However five people felt the office staff could be more responsive to their contact. One person said "They are always in meetings and do not answer emails." We discussed this feedback with the manager who was not aware of any issues and agreed to check and discuss this with the office staff.

Staff told us they thought the service was well run. Care workers and office staff told us they felt well supported by the branch manager and were comfortable discussing any issues with them. The registered manager was also approachable. One care worker told us "I am really well supported to do my job. The branch manager is great and

Requires Improvement

Is the service well-led?

follows things up." Another care worker said "It is much better here than where I was before. Any concerns you report are quickly looked into." A third staff member commented "'I want my pension from here. I do not wish to move on." Staff told us that the office staff were always available for support if they needed it and would let people know if they were running late for any reason. Care workers told us they were involved in decisions about which care workers might be appropriate to support people they cared for when they were on holiday or away from work. Staff records showed the branch manager wrote to thank staff on occasions for additional work they had undertaken.

The service was monitored by the local authorities who commissioned the service. We saw a visit had been made by the commissioners for one local authority in March 2015. The manager had taken action to rectify issues identified at this visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed A full employment history was not available as specified in Schedule 3 of the act. Regulation 19(3)(a)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did to always act in accordance with the Mental Capacity Act Regulation Regulation11(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems to monitor the quality of the service were not consistently in place. Records for the management of the service and for staff were not always adequately maintained. Regulation17(1)(2)(a)(d)