

Care Outlook Ltd

# Care Outlook (Brighton and Hove)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

Care Outlook (Brighton and Hove) is a domiciliary care agency. Personal care and support is provided for people living in their own home in the Brighton and Hove area and West Sussex. Care is also provided to people living in New Larchwood and Library Court two extra care housing developments run by a housing association. Care was provided to adults but predominantly older people, including people with a physical disability, people with a sensory loss and people with mental health problems or living with dementia. At the time of our visit around 192 people were receiving a service.

At the last inspection on 27 July 2015, the service was rated overall Good. At this inspection we found the service remained overall Good.

At the last inspection we found there was no record that people's work history had been discussed to ensure there was evidence of a full work history with a written explanation as to any gaps when people were not working. At this inspection we found systems had been put in place to address this. However, we found policies and procedures had not always been followed in relation to written references being sought. This is an area in need of improvement. At the last inspection there were policies and procedures in place for staff to reference. They told us they had been taken through key policies and procedures as part of their induction, and knew where these were available to read should they need to. These had been updated to ensure current guidance had been considered. However, we found that staff had not been following the most up-to-date policy and procedures. We found at this inspection this had been addressed.

Systems had been maintained to keep people safe. People and their relatives told us they felt safe with the care provided. They knew who they could talk with if they had any worries. They felt they could raise concerns and they would be listened to. Assessments of risks to people had been developed. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. People told us care staff had the knowledge and skills to provide their care and support.

People's individual care and support needs continued to be identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. People told us they felt listened to, supported to be independent and they were involved in decisions about their care. One member of staff told us, "I always encourage independence even if they can only wash their hands and face." Where people were unable to make decisions for themselves this had been considered under the Mental Capacity Act 2005, and appropriate actions continued to be followed to arrange meetings to make a decision within their best interests. Staff had a good understanding of consent.

People were happy with the care provided. People continued to be supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People's comments included, "The staff know what they are doing, very happy," "Fabulous carers," "Wonderful care staff," and "They really do care." If needed, people were supported with

their food and drink and this was monitored regularly. People continued to be supported to maintain good health.

People, their relatives and staff told us the service was well led. One person told us the service was, "One of the best agencies." Another person told us, "If I call the office I find the staff very helpful." A member of staff told us, "It's good, it's busy. I like working here, it's a family run business. The values are better. I like working with people who care. They will go out and do the job. Nobody says it's not their job." When asked what the service did well one member of staff told us, "We listen to what people want. We are flexible with carers with their hours. We work together as a team. There are some really good carers out there who give 101%."

Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something. Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews and by using quality assurance questionnaires.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Requires Improvement.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Care Outlook (Brighton and Hove)

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 September 2017 and was announced. This was so that key people could be available to participate in the inspection. Two inspectors undertook the inspection, with 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. One Inspector spoke with 13 care staff and the expert-by-experience spoke with 10 people and nine relatives over the telephone prior to the office visit.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was asked to complete a 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 contacted the local authority commissioning teams, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people.

We visited the services office. We spoke with the registered manager, three coordinators, a quality monitoring officer, an administrator and the training manager. We spent time reviewing the records of the service, including policies and procedures, nine people's care and support plans, the recruitment records for five new care staff, training records, compliments and complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

The last inspection was on 27 and 28 July 2015 and was rated as Good overall.

# Is the service safe?

## Our findings

People and their relatives consistently told us they were safe and that staff made them feel comfortable. One person told us they felt safe because they had the, "Same staff so I can feel safe with them." Another person told us, "I feel very safe that they come and see me." However, we found an area in need of improvement in relation to recruitment procedures followed.

At the last inspection on 27 and 28 July 2015 we found policies and procedures to ensure safe recruitment practices were in place for staff to follow. However, agreed procedures had not always been followed, and there was no record that people's work history had been discussed. This was to ensure there was evidence of a full work history with a written explanation as to any gaps when people were not working. At this inspection we found systems had been put in place to address this. However, at this inspection we found policies and procedures had not always been followed in relation to written references being sought. Checks had been completed prior to staff starting work which included a criminal records check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. Staff had obtained proof of identity, employment references and employment histories. Although it was demonstrated recruitment checks had been completed prior to new care staff commencing work with the service, for some staff verbal references had been accepted so a new care worker could start work in advance of the written reference being received. This is an area in need of improvement.

At the last inspection there were policies and procedures in place for staff to reference. They told us they had been taken through key policies and procedures as part of their induction, and knew where these were available to read should they need to. These had been updated to ensure current guidance had been considered. However, we found that staff had not been following the most up-to-date policy and procedures. We found at this inspection this had been addressed.

The registered manager told us there had been difficulties in recruiting new care staff, but there continued to be an on-going recruitment programme in place to ensure there was an adequate number of care staff to cover the care calls. Staff told us staffing levels were good and that they had enough time to carry out their duties. Staff told us they thought there were sufficient staff and they got planned cover for annual leave. One staff member told us, "The agency is always recruiting to ensure there is enough staff."

The provider used a system of telephone monitoring. This system required care staff to log in and out of their visits when they arrived and left. This system created information to reflect the time taken with each person and the time to travel in between visits. Staff told us that the telephone monitoring system was used by them and commissioners of their service to provide information on calls completed, the monitoring of times of care calls and where changes to rotas and travel time were required.

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback senior when they identify additional risks or if

things had changed. One member of staff told us they had informed the coordinator when a person's mobility had deteriorated and they required additional support with their mobility. Another member of staff told us they had reported to the coordinator when a hoist sling was the incorrect size and made hoisting uncomfortable for the person. They told us an assessment was arranged for the following day with the coordinator and an occupational therapist. They said, "I received a message by both phone and text telling me the changes that had been made to the care plan and the equipment in place." Care staff were able to confirm with us they had received training in moving and handling, had detailed guidance in place, and of procedures they were to follow. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Procedures had been maintained for staff to respond to emergencies. One member of staff told us if they needed any guidance, "The on call manager is always available." Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. One member of staff told us, they had found one person on the floor and this incident had been reported to the office and an incident and accident form completed.

We looked at the management of medicines. Staff were trained in the administration of medicines. Staff described how they completed the medication administration records (MAR). One member of staff told us, "We only administer medicine if it's on the Mars chart." We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. Nobody we spoke with expressed any concerns around the administration of their medicines.

## Is the service effective?

### Our findings

People and their relatives felt staff continued to be skilled to meet the needs of people and provide effective care. People's comments included, "The staff know what they are doing, very happy," "Training seems consistent," "Also asked if I need anything else," and "Very efficient carers."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff continued to have a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. They said they had ensured they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes. Staff said if they refuse care they always talked to the person and make them feel comfortable with them so they can deliver care. They encouraged people to make their own choices and one member of staff told us, "We talk with people and work with them ensuring we respect their wishes." If care staff had any concerns they would report this to their manager. One member of staff told us, "It's different if a person does not want a wash today from refusing to eat we would need to escalate this as it's a concern."

When new staff commenced employment they continued to undertake an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff described to us their induction and comments received included, "My induction covered safeguarding training," and "The induction covered moving and handling, medicine administration, fire safety, safeguarding and whistleblowing training." They told us that part of their induction involved meeting people in their own homes and learning their routines before providing care. One senior member of staff told us, "The trainer will also shadow especially if new staff don't seem confident with a hoist." Staff continued to undertake essential training to ensure they could meet people's care and support needs. Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care. Staff told us they were well supported by the management team. One member of staff told us, "I have just started my NVQ training my assessor comes to the office." A system of appraisal and individual supervision had been maintained. Staff told us they could ask for support and guidance or further training to deliver care if they felt they do not have sufficient skills to deliver the care package. Two members of staff told us how they had had training on the end of life care and how this had supported them in their work.

Where required, staff continued to support people to eat and drink and maintain a healthy diet. One person told us, "I'm always asked what I would like to eat or drink." Staff comments included, "We cook a range of meals," "We always try to give a choice of meals," "We always ask what they would like us to cook for them," and "We give options and ask what do you fancy today?" Staff told us they continued to monitor what



people ate and if there were concerns food and drink charts were put in place to record in detail. One member of staff told us about a person who would always say no they don't want anything to eat although once the food is prepared they would eat it. They told us how important this was to have this documented in the care plan.

People continued to be supported to maintain good health and have on-going healthcare support. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. When asked if care staff supported people with their healthcare needs. One member of staff told us for one person, "I monitor the health of my clients and had to call the GP as I noticed they were constipated."

# Is the service caring?

## Our findings

People and their relatives gave us positive views about the care provided and told us they felt staff were kind, considerate and caring. Members of staff comments included, "I feel able to make a difference to people's live," "People trust me," "I love my job and I like to make people comfortable," and "We talk and engage people in conversation."

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people. One person told us, "All staff very caring and understanding." Another person told us, "Very caring staff, cannot do enough for me." One member of staff told us, "I am proud of my work and always do my best for my service users," During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us that it was an advantage providing care to the same people as they got to know everyone well and they had long term relationships with the people and families they worked with.

Care staff told us people continued to be encouraged to influence their care and support plans. People told us they were happy with the arrangements of their care package. People and their relatives told us care and support was provided in the way they wanted it to be. They had been involved in drawing up their or their relatives care plan and with any reviews that had taken place. They felt the care and support people received helped them retain their independence. For older people, independence is about exercising choice and control. People confirmed they felt care staff enabled them to have choice and control whilst promoting their independence. One person told us, "The staff encourage me to make decisions." Care staff told us how they encouraged people to make their own choices and comments received included, "I always ask clients what they need help with," "We give choices where we can for example the clothes they would like to wear," "Find out what people want and listen to their views. For example whether they would like a bath or wash today," and "You have to also work with the family and explain we need to listen to what the service user wants."

Peoples' privacy was respected and had been consistently maintained. People confirmed that they felt that staff respected their privacy and dignity. One member of staff told us, "We always ensure privacy." Another member of staff told us, "We always ensure we protect their dignity when using the hoist and keep them covered."

People told us they were involved in decisions that affected their lives. Records confirmed that people were able to express their needs and preferences. Information was available where people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality

policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well.

## Is the service responsive?

### Our findings

People and their relatives told us they were listened to and the service responded to people's needs and concerns. People's regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. Senior staff undertook the initial assessment, and discussions then took place about the availability of staff and the person's individual care and support needs. Care and support plans had been maintained and were very comprehensive and gave detailed information on people's likes, dislikes, preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. Feedback from people and care staff was this information was regularly updated and reviewed. People's comments included, "I was involved in the care plan and reviews," "Care planning is good" and "Care plan was very good, I was involved in all the planning." Staff told us communication was good where changes had occurred. Staff told us that they receive information about new clients either by a telephone call from the office or written information provided on their weekly rotas. "We are told about their care needs and read the care plan."

People and their relatives told us they continued to get their visit from regular care staff and at the time agreed. People acknowledged where there were changes in staff, this at times had been due to changes in care staff working in the service. Staff told us they visit people on a regular basis and they get to know people well. One member of staff told us "We have regular service users on our list so we all get to know them individually." Another member of staff told us, "We get to know people well which helps when we deliver care."

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided and through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints. Comments from people included, "Any issues are dealt with," "Any concerns I would call the office""Any complaints are dealt with "and "I feel listened to."

## Is the service well-led?

### Our findings

People and their relatives told us that they were happy with the care and support provided at the service, the way it was managed and found the management team approachable and professional. Comments received from people included, "Amazing company," "Cannot fault the agency," "Extremely happy," "Very friendly and very effective," "The whole company is excellent" and "Very efficient firm" Staff told us, "Very good management, they listen to you," and "Any issues I call the office and they will help me."

The service had a registered manager. 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. There was a clear management structure with identified leadership roles. The registered manager was supported by a team of senior staff. One senior member of staff told us, "We can always contact (Registered manager's name)". All the staff told us they felt the service was well led and that they were well supported. Members of staff commented, "Very good management, they listen to you," and "Communication has improved since new management team in December." Peoples comments included, "Staff and office staff listen to my needs" "Staff and office staff always listen to me and try and help me," and the "Office staff are lovely"

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. People were asked to complete a quality assurance questionnaire each year. Senior staff also undertook spot checks of the care provided. One member of staff told us, "We have spot checks and managers visit the homes we do not know they are coming." Another member of staff told us, "We get feedback if we are recording things wrong." The information was then collated and analysed. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held periodically and staff newsletters were used as an opportunity to keep staff up-to-date with what was happening in the service. We saw audit activity which included audits of medication records, and care and support documentation. The results of which were analysed in order to determine trends and introduce preventative measures.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had continued to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.