Care Outlook Ltd

Care Outlook (Hillingdon)

Inspection report

11-21 Clayton Road
Ground Floor
Hayes
Middlesex
UB3 1AX

Tel: 02085618295

Date of inspection visit:
25 May 2017
26 May 2017

Date of publication:
11 July 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an announced inspection of Care Outlook (Hillingdon) on 25th and 26th May 2017. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and as staff might be out visiting people, we wanted to be sure someone would be available to assist with the inspection.

Care Outlook (Hillingdon) is a domiciliary care agency that provides personal care for approximately 250 people. The London Borough of Hillingdon funded the majority of care packages.

We previously inspected Care Outlook (Hillingdon) on 23rd and 24th November 2016 and we identified issues in relation to the recording of the administration of medicines, recruitment processes, complying with the requirements of the Mental Capacity Act 2005, care worker induction and training, people receiving care that reflected their needs by having visits at the same time each day, accuracy of records and quality assurance. We issued a warning notice in relation to quality assurance and records requesting the provider resolve this issue by the 28 February 2017. Following the inspection in May 2017, we found improvements had been made in relation to all issues that were identified at the previous inspection.

At the time of the inspection, 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.

Improvements had been made in the recording of the administration of medicines. The provider had a procedure in place for the management of medicines.

The provider had made improvements in the recruitment process to ensure information was obtained regarding the previous work experience of new care workers.

People now received care that reflected their needs or met their individual preferences as times for visits had been reviewed and the arrival times of care workers were now being monitored to ensure they were in line with the agreed care plans. The electronic monitoring system (EMS) had been updated to indicate the accurate time for care visits.

The provider had a policy in place in relation to the Mental Capacity Act 2005 and now out carried assessments to identify if a person using the service was able to make decisions about their care and ensure the appropriate actions were taken to support them.

Improvements had been made in relation to the induction and assessment of new care workers.

Improvements had also been made in relation to a range of audits to enable the provider to monitor the

quality of the service.

The daily records of care completed by the care workers were more focused on the person receiving care and not on the support tasks completed during the visit.

The provider had systems in place for the recording and investigation of incidents and accidents.

People using the service said they felt safe when they received support in their own home.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

Each person's cultural and religious needs were identified in their care plan.

An initial assessment was carried out before the person started to receive care in their home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Improvements had been made in the recording of the administration of medicines.

Improvements had been made in relation to the information obtained during the recruitment process.

The provider had systems in place for the recording and investigation of incidents and accidents.

People using the service said they felt safe when they received support in their own home.

Is the service effective?

Good

The service was effective.

Processes were now in place to ensure decisions were made in the person's best interest if they were assessed as not having capacity.

Improvements had been made in relation to the induction and assessment of new care workers.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

There was a good working relationship with health professionals who also provided support for the person using the service.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

Is the service caring?

Good

The service was caring.
People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

Each person's cultural and religious needs were identified in their care plan.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to ensure care reflected people's needs and their individual preferences in relation to the time of their visit.

The daily records of care completed by the care workers were more focused on the person receiving care and not on the support tasks completed during the visit.

An initial assessment was carried out before the person started to receive care in their home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Is the service well-led?

Good

The service was well-led.

Improvements had been made in relation to a range of audits to enable the provider to monitor the quality of the service.

The electronic monitoring system (EMS) had been updated to indicate the accurate time of care visits.

Information was now recorded accurately between assessments, care plans and risk assessments.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

Care Outlook (Hillingdon)

Detailed findings

Background to this inspection

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

This inspection took place on the 25th and 26th May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for older people.

We reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

Before the inspection, the provider completed 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.

During the inspection we spoke with registered manager and the director of operations. We reviewed the care records for six people using the service, the Medicine Administration Record (MAR) charts for five people, the employment folders for four care workers, training records for care worker and records relating to the management of the service. We also undertook phone calls with 11 people who used the service and two relatives. We sent emails for feedback to 44 care workers and received comments from three care workers.

Good

Is the service safe?

Our findings

During the comprehensive inspection on the 23 and 24 November 2016 we saw the provider had a management of medicines procedure in place but care workers did not complete the Medicine Administration Record (MAR) charts accurately.

During the inspection on 25 and 26 May 2017, we saw some improvements had been made. During the inspection, we looked at the MAR charts for five people. The MAR charts had been audited and were recording errors that had occurred and were subsequently reviewed. The registered manager explained a dedicated member of staff in the office was now responsible for ensuring MAR charts were completed accurately. They explained the number of recording errors had reduced and they were able to respond to any issues more quickly. During the inspection we saw the MAR charts for one person indicated they had run out of a medicine for a number of days. The registered manager told us they had contacted the person's pharmacy and General Practitioner to chase up the prescription and their records supported this. We discussed this with the registered manager who confirmed they would develop a diary system to ensure, where the person required support in requesting prescriptions, the service could make sure a request had been made and prescribed medicines were available.

During the comprehensive inspection on the 23 and 24 November 2016, we saw the provider had a recruitment policy in place but some application forms and references did not provide enough information regarding the person's suitability for the care worker role.

At the inspection on 25 and 26 May 2017, we saw improvements had been made. We looked at the recruitment records for four care workers who had been recruited since the previous inspection. We saw references had been requested from the most recent employers identified on the application forms. Where an applicant did not have any previous experience in the area of care additional character references were requested. Interview records indicated that any gaps in the applicant's employment history were identified and discussed with the applicant.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. Their comments included, "Yes I do. They are lovely girls", "Not ever had a problem", "Yes, I know quite a lot of them. They looked after my husband and daughter", "Yes. The evening carer is very helpful" and "Quite safe; they always ask how I am. On the whole they are very good." The provider had policies and procedures in place to respond appropriately to any concerns raised in relation to the care being provided. During the inspection we looked at the record of one safeguarding concern raised during 2017 which included a detailed record of the concern and any correspondence. Care workers told us they understood the principles of safeguarding and knew what to do if they had any concerns.

During the inspection we looked at how the provider managed the reporting and review of incidents and accidents. Care workers would complete a form if an incident and accident occurred or if one almost happened which would be recorded as a 'near miss'. The form included information about who was involved, what happened and the outcome. During the inspection we looked at six incident and accident

records completed during 2017 and saw detailed information which included if the person's care plan or risk assessment had been updated to reflect any changes in need.

We saw each person had a range of risk assessments in place. During the inspection we looked at the care folders for six people and saw risk assessments had been developed during the initial assessment process and had been regularly reviewed. These included a general risk assessment which reviewed the home environment as well as assessments for fire safety, administration of medicines, moving and handling and the control of substances hazardous to health (COSHH). In addition, risk assessments had been completed where a person had been identified with a specific issue which could impact on the way their care was provided. This included diabetes, multiple sclerosis, Parkinson's Disease and dementia. A range of information sheets were included in the care folders for care workers which provided them with guidance on the specific illness and how to support the person.

The number of care workers required to provide an appropriate level of support for each person was based on information received from the local authority referral and from the initial assessments of need carried out before the care package started. The allocation of care workers was also based on their skills, previous experience and the area they were already working to reduce travel time.

The provider had appropriate processes in place in relation to infection control. The care workers were provided with appropriate equipment including aprons and gloves to use when providing support.

Good

Is the service effective?

Our findings

During the comprehensive inspection on the 23 and 24 November 2016 we saw the provider was not taking action to meet the requirements of the Mental Capacity Act (2005) and people were not appropriately supported when decisions about their care were made to take into account their wishes when possible. Following the inspection on 25 and 26 May 2017 we saw improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager explained when a person was identified as not having the capacity to make decisions an assessment was carried out. They also identified if a Lasting Power of Attorney (LPOA) was in place. A Lasting Power of Attorney in health and care matters legally enables a relative or representative to make decisions in the person's best interest as well as sign documents such as the care plan on the person's behalf. This information was recorded in the care plans and guidance was provided as to how care workers could support people with making decisions.

The care plans we looked at identified if the person using the service, who had the mental capacity to make decisions, wished a relative or another representative to sign paperwork and make decisions on their behalf. This decision was clearly recorded in the care plan and indicated who could make decisions on the person's behalf. This meant people were supported when decisions about their care were made and their wishes were taken into account whenever possible.

During the comprehensive inspection on the 23 and 24 November 2016 we saw that some new care workers had an extended period of time between completing their induction training and starting work. In addition, training for care workers supporting people using a Percutaneous Endoscopic Gastrostomy (PEG) tube for fluid and medication had not been recorded.

Following the inspection on 25 and 26 May 2017 we saw improvements had been made. We looked at the records for four care workers who had started since the previous inspection and we saw they had completed their induction training and commenced work within four weeks. The registered manager told us the time between the new care worker completing their induction and starting to provide care was monitored as part of the employment record audit. We also saw certificates indicating they had completed training on supporting people using a Percutaneous Endoscopic Gastrostomy (PEG) tube for fluid and medication. The registered manager confirmed all care workers completed training in relation to the use of PEG tubes.

During the previous inspection we saw new care workers shadowed experienced care workers but the records did not clearly indicate how many hours they completed. At this inspection we reviewed the shadowing records for four new care workers and we saw the shadowing records indicated how many hours were completed each day, how many people they provided care for and an assessment of their competency with the tasks.

We asked people if they thought care workers that visited them had the appropriate training and skills to provide their care. We received mixed comments. "They don't listen and don't always understand what I ask for. I asked one foreign lady for a bed pan, she brought a blanket", "I would say so, for me anyway", "The current one is very good, especially at making the bed", "[Care worker name] is very well trained, very kind", "Very well trained, very good, understand my needs. Have three very good carers", "They do their best, up to a point. Having had care from other agencies staff do not shadow new people. I have a bath lift and chair lift, they don't know how to fit the battery", "Sometimes they seem to be in a rush, one left a tea-bag in cup and they are not able to make a bed properly. Otherwise they are OK" and "Pretty much, there are always one or two who's training could be improved." A relative commented, "They seem to learn as they go along. I had to show them how to administer eye drops. They should be taught about these simple things. They could have extra training."

We looked at the training matrix which contained the training records for 98 care workers. The records indicated the new care workers completed their four day induction which included the training identified as mandatory by the provider and modules from the Care Certificate. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. The training matrix indicated when care workers had completed each training course and when they were due to undertake any refresher training. The range of training courses included safeguarding, medicines, food hygiene and moving and handling. The records showed the care workers were up to date with their training.

The registered manager confirmed care workers had four supervision sessions per year made up of a face to face meeting with their manager, a spot check, an observation of their work and an appraisal. We saw records which indicated care workers had regular supervision and some of the care workers we contacted confirmed this, but one care worker told us, "No, I don't have sessions with the manager unless I have done something wrong or if I need advice that the co-ordinator can't help me with."

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP).

The care plans indicated if the person using the service required the support of care workers to prepare and/or eat their food. A nutrition care plan was in place which indicated if there were any specific requirements such as thickened fluids or soft diet. The care plans also indicated each person's preferences in relation to food and drink.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care and support they received from the service. We received mixed comments which included, "Yes I am, they do a perfect job", "One of them does a good job, one talks to her husband on the phone", "There are spells, the girls do their best in the time allowed. It can be a nightmare", "Yes they are very helpful. I have one call AM and another in the evening", "Yes perfectly happy. They come in to cream my legs and put on my support stockings", "Yes- it's not too bad, see more or less the same carers" and "Sometimes I feel a bit isolated. I have very bad sight and my legs don't work. Care seems to be fine. It's more supervision."

Relatives also made mixed comments, "Its excellent care, very good. We have two boys, I've told the supervisor to tell the CO they need a medal for what they do" and "Don't want to complain but they don't take time. My family member goes to a day centre so needs to be ready, they should come in at 6.30 but that's not always possible so I get my relative ready."

We asked people if they felt the care workers treated them with dignity and respect and they told us, "Oh yes, I have no problems on that front", "Yes, no problems. If one of them was disrespectful I'd sort it out", "Yes, one asked what I wanted to be called. I told her to call me Gran", "Yes, very respectful and treat me well enough", "Oh yes, definitely. They would get a piece of my mind if they didn't" and "Very much so, always kind and respectful." A relative commented, "They do, when my family member is having a shower, they close the doors. I leave them to get on so not sure if they keep my relative covered." We asked care workers how they maintained the person's privacy and dignity when providing care. They said, "Most service users have no problem with being bathed but if some do you have to reassure them that everything is fine", "I would cover the client's top half if I am washing the bottom half and then I would do the same the other way, but to be honest my clients don't really cover up unless I leave the room" and "Tell customer what I am doing, give him/her a choice and treat them with respect."

People using the service were asked if they felt the care workers supported them in maintaining their independence. Their comments included, "Yes, I couldn't be here if it wasn't for them", "Oh yes, I will barge around. Yesterday they told me I should slow down, I do whatever I can", "Yes, they encourage me to do the things I can do", "I can manage most things but everyday gets a bit harder", "They are very good" and "At the moment yes. Normally I am very independent, less so at the moment." A relative told us, "My family member can't be independent; they are dependant for everything, just surrenders to whatever is done for them." The care plans we looked at indicated when the person could complete an activity independently and when a care worker needed to provide additional support.

We asked people of they felt care workers were kind and caring when they received support. They told us "Oh yes, I have no problem with them, they are lovely girls", "Mostly yes, they are respectful, helpful. We do have a giggle", "The current one is marvellous. We've had so many; some of them are very caring and kind. Just the odd one doesn't show any compassion", "Very kind and caring. I used to cycle a lot, can't do that anymore, [care worker name] talks to me about things I liked to do" and "Kind caring we talk together, polite & helpful. " Other comments included, "Yes-they always treat me well", "They certainly are cheerful, kind and

caring", "Used to have a lady, now I have a gentleman. Both have been very good and helpful" and "Oh yes, I've only had one who wasn't."

A relative told us "Those that were bad have been discarded, we have nice people now. My family member has dementia and is a very heavy person, the ones we have now are very caring."

We asked people if they had visits from the same care workers or if they often changed. We received mixed commented which included, "Usually have same girl in the mornings except during holidays. Different ones come at bedtime. I do know most of them who come", "Most are regulars, when they go on holiday they send people I have met before. I like continuity", "I don't like change. My carer [name] is very good", "Have seen quite a few different carers over time, [care worker name] is the best", "I have three regulars. Am very happy with that", "I see two regular people. Haven't had any changes", "No I don't have a regular person, quite a variety in fact", "Overall I have same regular carers. I have got to know most of the girls that come when the regulars are away" and "We have two regulars, can see around four others in the course of a week. No they don't do spot checks or shadowing."

Care plans identified the person's cultural and religious needs including their preferred language. We saw care workers were provided with information about the personal history for some of the people they were supporting where the information was available.

Good

Is the service responsive?

Our findings

During the comprehensive inspection on the 23 and 24 November 2016, we found people did not always receive care that reflected their needs and meet their individual preferences, as care was not always delivered at the same time every day and sometimes visits were delayed.

During the inspection on 25 and 26 May 2017, we saw improvements had been made. The registered manager explained there was now a one hour window in place around the visit time recorded in the care plan for the care workers to arrive. That meant that if a visit was scheduled for 9am for 30 minutes the care workers could arrive between 8.30am and 9.30am to start the call. We saw most of the care plans had been reviewed and the visit times were checked against the actual times care workers were regularly arriving. If there was a difference between these times the person using the service would be contacted to ensure the visit time met their needs.

During the inspection we looked at the care plans for six people and saw the visit times recorded were in line with the planned visit times indicated on the electronic monitoring system.

We asked people if the care workers usually arrived on time and if they were contacted if the visit was going to be late. They gave mixed comments which included, "Yes I can't fault them. No they don't ring, just turn up when they can. Lots of people have left due to pay", "Yes, I am an early bird and they come in early for AM call. Rarely late", "Usually, the regular girls. New ones come sometimes and need to be told what to do, mostly they come on time", "Yes, more often than not. If they are going to be really late the office will ring", "Not always, they don't usually advice. There is a lack of communication", "Yes or the office will call. You can't always predict what will happen at the previous call; girls go off sick", "More or less. It they are going to be really late they would call. They can be late when the regular carers are away, they are pretty good", "Yes, they have never let me down, they will ring if there is a delay" and "Now they do, they will call, not always in the past. One carer had to leave due to illness, we parted in good company." A relative told us, "Not always, when the regular has a day off the replacement never comes on time. My family member has to be ready; sometimes they turn up just before the transport arrives so I get my relative ready."

We also asked people if the care workers stayed for the agreed length of time when they visited. They told us, "Yes, I watch and make sure", "Oh yes. They set their alarm, never leave early. Regular carers know the routine and do everything I need doing", "They just have half an hour, yes they do stay", "Yes I'm not ever rushed", "They take 15 minutes, they have to log in and out. Yes they always ask how I am, we have a short chat", "Yes, sometimes they go over time", "Yes, if they are finished they will stay and talk" and "I think so. Half an hour is not a lot of time, weekends can be awkward." A relative said, "Some will ask if there is anything else needs doing, they don't rush my family member."

During the inspection we looked at the daily records of care completed by care workers following each visit and saw there had been improvements in the way information was recorded. Previously the daily records were focused on the care tasks completed during each visit and not the person. These records now included more information on the experience of the person during the visit. The registered manager explained there

had been a lot of guidance given to care workers during meetings and supervision to ensure their records were no long task focused.

The care plans were written in a way which identified each person's wishes in relation to how they wanted their care provided. During the inspection we looked at the care plans for six people using the service. The care plans included a detailed description of the care activities for each visit during a day. This included which colour towel should be used during personal care and how the person wanted to be positioned on their bed. The care plans we looked at had been reviewed regularly.

We asked people if they were involved in the decisions regarding their care and support needs. People commented, "Yes, the lady comes round regularly, she explains everything. Always asks how things are", "They just get on with things, yes they do ask first", "Oh yes. Have had a recent review and assessment. Always ask what I think", "I think I am, they do ask me what I need" and "They ask what is needed, they respect my choices."

The support needs of the person were assessed before they started to receive care. The service reviewed the referral information from the local authority to assess if the appropriate care could be provided to meet the person's needs. Once the service accepted the care package they carried out a detailed care needs assessment before the start of the package to ensure their support needs could be met and any required equipment was in place. The person was contacted by telephone after three months to ensure they were happy with the care provided.

We asked people using the service if the care workers completed the support tasks agreed with the service during their visit. People said, "They have 30 minutes, sometimes they rush. They usually stay for full 30 minutes", "They have enough time to do everything", "Yes always, no they never rush", "[Care worker name] is very good. Some will miss things that should be done. I have had to remind them", "I really can't grumble about the girls I have", "Yes, no I'm never rushed. They come in and do everything I ask. They always ask if there is anything else I need before they leave" and "Yes, they get my breakfast and prepare my teatime meal. They do all I need."

People using the service and their relatives could provide feedback on the quality of the care received. The registered manager confirmed a questionnaire had recently been sent to people using the service and the results were being analysed at the time of the inspection. People could also provide feedback during the quality monitoring visits which occurred every six months.

The provider had a complaints policy and procedure in place. We asked people if they knew how to raise a complaint with the provider and if they had ever made a complaint. They told us, "Yes, I would phone the office. Never had to complain", "Only on one occasion to ask why they had made an adjustment, shopping was not recorded. It was handled perfectly OK", "Yes I have, it was about making the bed, the latest girl is very good", "Yes, they were coming to put me to bed at 6.25 instead of 7.00 to 7.30. No one calls from the office to let you know. I called them, now they come in between 7.00 and 7.30", "No, not been any occasion when I have needed to complain", "No, no, no never" and "Definitely- if I have any issues they would be dealt with." Relatives told us, "Never had to complain" and "They are quite competent in handling any issues."

During the inspection we looked at six complaints that had been received during 2017. A log sheet had been completed with information about each complaint including the date received and when it had been completed with the outcome. The records we looked at were detailed and included information relating to any investigation, correspondence and if the complaint was resolved. People using the service were given guidance on how they could raise any concerns or complaints in the information pack they received when

they started to have visits.

We asked people if they felt the information they received from the provider was clear and easy to understand. People told us, "Yes I think so", "Don't get any information, there used to be a rota but not now", "Can't remember having any information. Yes there are notes in the folder", "Have had a recent review, yes forms were explained", "Oh yes, kept informed of changes" and "Couldn't read it anyway. Depend on carers telling me about things." A relative told us the information they received was clear.

Good

Is the service well-led?

Our findings

During the comprehensive inspection on the 23 and 24 November 2016, we saw the provider had a range of audits in place but those in relation to the recording of medicines, recruitment records, daily records of care, care plans and other records of care were not effective in identifying issues. We issued a Warning Notice requesting the provider resolve this issue by the 28 February 2017.

During the inspection on 25 and 26 May 2017, we saw improvements had been made. The registered manager explained new audit processes had been introduced to monitor records.

The MAR charts for each person were reviewed each month to ensure they had been completed clearly and accurately. The daily records were also reviewed to ensure the medicines had been administered. A specific member of staff in the office was responsible for carrying out the monthly checks. If any issues were identified with how the MAR charts had been completed the staff member would contact the care worker responsible to get any additional information related to the recording error. If a care worker made regular errors when completing the MAR charts it would be discussed during a supervision meeting and the care worker would then repeat the administration of medicines training.

An audit of the recruitment records of each new care worker was carried out before they started their first shift to ensure all the paperwork was up to date and appropriate information had been obtained to ensure the new care worker was suitable for the role.

The care plans and risk assessments had been reviewed to ensure the information was accurate and then regular checks of the documents were carried out. The daily records of care were reviewed each month to ensure they provided appropriate information relating to the care provided.

During the comprehensive inspection on the 23 and 24 November 2016, we saw information was not accurately recorded between assessments, care plans and risk assessments. At the inspection in May 2017, we saw improvements had been made and information in the documents relating to five people using the service was more accurately recorded. We did see the records for one person which had not been updated to show a change in their support needs in relation to continence which had occurred four months earlier. The care plan and risk assessments had not been updated to indicate the change in care need but care workers had recorded this change in needs in the daily records of care. The registered manager looked into this issue and it was identified that the member of staff who had originally recorded a change in need had not completed the process as they had left the service. A new care needs assessment was completed and the care plans were amended. The daily records of care indicated the care workers had responded to the change in care needs appropriately.

At the previous inspection we also noted that the planned arrival and departure times on the electronic monitoring system (EMS) were not accurate as a large number of visits occurred more than 30 minutes earlier or later than the time recorded on the EMS. During the inspection in May 2017, we saw improvements had been made to the accuracy of the information recorded on the EMS. The registered manager told us

they now had a dedicated member of staff responsible for checking the EMS records to ensure visits were occurring within the one hour window, which was starting up to 30 minutes earlier or later than the time agreed with the person using the service and recorded on the system. Where a visit was identified as occurring outside the agreed timeframe the member of staff would contact the relevant care worker to obtain information on the reason this happened. They would also speak the care worker if they did not log onto the EMS when they arrived at a person's home who had agreed to use the system. The member of staff would also investigate if there were any operational issues which affected the EMS records. The staff member provided an example of where their actions had improved the records on the EMS. They had identified that a 6am visit to a person was always happening after 7am. They spoke with the care workers who confirmed they were not scheduled to start work until 7am so attended this visit as their first call of the day. The staff member then spoke with the person using the service who confirmed they would be happy for the visit to be at 7am. The care plan, rotas and EMS were then updated and we saw from the EMS the visits occurred within 20 minutes of the agreed time of 7am.

The provider had a range of other audits in place and the completed a monthly return for the local authority which included information on complaint numbers, levels of new care workers, supervisions and incidents and accidents. The provider also carried out quality monitoring visits to each person's home every six months to obtain feedback on the quality of the care provided and to check the correct paperwork was in place. Telephone monitoring calls were also carried out to obtain feedback.

We asked people if they knew who to contact at the office if they had any questions in relation to their care. We received mixed comments which included, "Sometimes I have to ring up and cancel, they don't always listen and send someone", "No one specific, could be in the folder. I haven't looked", "Yes, but sometimes you can't get through. Their English is not good, not always very helpful", "I have an out of hours number. No haven't needed to call the office", "Yes I do, they are not too bad at responding. They often call the carers asking them to do extra. The carers can be under a lot of pressure" and "I have a number for the office, haven't needed to contact them, everything runs smoothly."

People were asked if they felt the service was well-led and we received mixed comments. These included, "Yes I do, they are always helpful and polite", "Yes, my carers are essential, they are the only people I come into contact with. I have been very lucky to have the same ones. They occasionally come in to do a review", "There could be some improvement. Carers are not treated that well. They could resume rotas, they could send someone I want like [care worker name]", "Don't look after their girls", "Yes, I think it is", "The service could be better run in my opinion, better language skills and answer the phone", "It's good, I am happy with them", "Yes it is. I have no complaints", "Well it's passable. Not really as responsive as they could be. They take on too many clients", and "It's very good, excellent" and "I'm not sure, staff are very polite, always room for improvement." Relatives commented, "It's difficult, especially when you contact the night shift, never come back to you until it is too late. Could improve their knowledge of their clients. They are short of staff so are not in total control" and "I believe the office is well run. Although I was expecting someone from Care Outlook at 10.00am this morning but no one has turned up yet."

We asked care workers if they felt they were supported by their manager and if the service was well-led. Some of the care workers commented, "I do think that it is a good and fair organisation and everybody can express their views in a safe environment. I do think that it is well-led. We have a manager who is on top of everything" and "Yes, they deal with problems, supports me when required and good service to the customer."

During the inspection we saw the provider had made a referral to the London Fire Brigade for one person who smoked for a home fire safety check to be carried out. The registered manager told us they would refer

people to have the home fire safety check carried out if they were at increased risk of fire, if there were issues with how they would evacuate their home or if they did not have smoke alarms in place. They also confirmed that they would help people contact other statutory or voluntary organisations in the community if the person had a specific support need or required advice.

At the time of the inspection 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.