

Outcome Care and Support Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This was an announced inspection carried out on the 30 November 2016.

Outcome Care and Support is registered to provide personal care to people within their own homes in the South Shropshire area.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service was first registered with CQC in November 2015 and has not been previously inspected.

People and their relatives considered they or their loved ones were safe with the staff that attended their homes.

People were safe as staff knew how to recognise different signs of abuse and what action to take if they had any concerns.

The provider ensured staff were safe to work with people who used the service. They obtained Disclosure and Barring Service (DBS) checks and suitable references for new staff.

The provider had suitable arrangements in place to ensure people's medicines were managed safely.

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

People told us that scheduled visits were rarely late and that they had never experienced a missed call.

The provider ensured staff had a full understanding of people's care needs and had the skills and knowledge to meet them.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

People who used the service were treated with kindness and said their privacy and dignity was always respected.

People's care and support was planned in full consultation with them.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

People told us the service was responsive and well managed.

Staff told us the service was well-led and that they felt valued by the provider, which had an open and transparent culture.

The provider undertook a range of checks to monitor the quality of service delivery.

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.

Risks to people's safety were assessed and minimised

There were enough staff to support people safely.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had skills and knowledge to support people effectively.

The provider had links with other organisations to access training and guidance associated with best practice.

Staff supported people to access health services as required.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and their privacy and dignity was always respected.

People were actively involved in determining the care and support they received.

People considered that the provider actively promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in full consultation with them. People received care and support, which was personalised to their wishes and responsive to their needs.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider had clear vision and values that were person-centred and that ensured people were at the heart of the service.

Staff told us the service was well-led and they felt valued by the provider, which had an open and transparent culture.

The provider undertook a range of checks to monitor the quality of service delivery.

Outcome Care and Support Limited

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 30 November 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. We also conducted telephone interviews with people who used the service, their relatives and staff on the 05 and 06 December 2016 to obtain their views of the services provided. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection, we asked the provider 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing support for 26 people who lived in the South Shropshire area. We spent time visiting five people in their own home and asked them what they thought about the care they received. We also spoke over the telephone with a further four people who used the service and seven relatives.

We reviewed records about people's care and how the domiciliary care agency was managed. These

included care records, medicine administration record (MAR) sheets, staff training, support and employment records, quality assurance audits and minutes from staff meetings.

The service employed a total of 13 staff, which included the registered manager and the nominated individual for the provider. As part of the inspection, we spoke with the registered manager, the nominated individual and eight members of support staff.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and trusted the staff who went into their home to provide care and support. One person told us, "I do feel safe with each member of staff." Another person said "I feel safe with all the staff who come in. I always know who is calling and I have got to know all of them." A third person told us, "I do feel safe with them (staff) all. Never any concerns with them coming into my home. They keep me safe." One relative told us, "We feel safe with the staff who come and my relative likes all of them. We get sent weekly rotas with pictures of staff, so we know who is calling at any given time." Another relative said "We are very happy with the service we get and the staff that visit us. They are excellent and we both feel safe and secure when they visit us."

We discussed safeguarding procedures with staff during the inspection. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff were able to describe confidently what action they would take if they had any concerns and showed a good understanding of the different types of abuse. Staff also told us they had received safeguarding training as part of their induction programme. One member of staff told us, "With any allegation of abuse, I would record my concerns and report to the manager immediately. It's all about keeping people safe and ensuring they are not taken advantage of." Another member of staff said "I would report any concerns directly to the manager. If I didn't get any joy I would also consider reporting to social services or whistleblow. Having said that, I'm confident the manager would report all concerns immediately."

People were further protected against the risks of abuse, because the provider had robust recruitment procedures in place. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before staff started working for the provider.

We looked at how the service managed risk. One person told us staff were very aware that they were vulnerable on their feet. They explained staff were constantly watching them to ensure they were safe and that there was no trip hazards in their home. Staff told us risks to people's safety and well-being were constantly being reviewed. Staff were aware of individual risks people faced and what action to take to reduce such risks. We found individual risks were detailed within people's support plans. We saw there was guidance in place for staff on how to safely manage risks and keep people safe in their own home.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. People told us that staff were punctual, rarely late and that they had never experienced any missed call. One person told us, "No complaints, they are perfect. Never late and very punctual." One relative told us, "They are never late or ever missed a call. They are absolutely punctual. They sit and talk to my relative and are never in a rush. They support our relative so well and they love it. I really do have complete confidence in the service they offer." Another relative said "Never missed a call and have called in advance to let us know they are going to be a bit late."

Staff told us they had no concerns about staffing levels and generally calls and travelling times were well scheduled. This gave them plenty of time to chat and spend quality time with people. One member of staff

told us, "Calls are well scheduled with plenty of time between visits." Another member of staff said "The call schedule and travelling times are well managed." Other comments from staff included, "They give you enough travelling time, which means you can spend quality time with service users."

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. People had assessments completed with regard to the level of support needed. People told us they received their medicines on time when they required it. We looked at a medication administration records (MAR) during our visits to people's homes. These had been completed accurately by staff with no omissions or errors. Staff told us they had received training on administering medication safely and regular checks were undertaken by managers to ensure staff remained competent to administer medicines safely.

Is the service effective?

Our findings

People were supported by staff who were trained to support them effectively. People told us they believed care staff were well trained and competent in their role. One person told us, "They all seem well trained and competent in what they do. If they have time they will always offer to do other things." Another person said "Staff are very competent in what they do. They (provider) do 'spot checks' on the carers and I have been asked for my views as part of the process. It's good to know they are checking up on staff." One relative told us, "We know all the staff who are professional and kind. They all appear to know what they are doing and have a good understanding of our relative's needs."

Staff told us they had completed an initial induction that helped to equip them with the knowledge required to support people in their own homes. This programme was individually tailored to meet their needs based on their previous experience of providing care. This included on line training and practical training in first aid and moving and handling. One member of staff told us, "I was quite confident when I started out on my own after training. They asked me first whether I was ready and happy to work on my own. I really felt well prepared and had plenty of support from the team leader and managers." Another member of staff said "I had worked in care previously and soon as I started I had training in manual handling and first aid. I shadowed for two weeks, which gave me the opportunity to get to know the service users. I really feel training was sufficient for me with my background and I was confident to work on my own. I'm currently doing a diploma in social care."

Staff with no previous experience of care work were also required to complete and meet the required standards of the Care Certificate, before working independently. The Care Certificate is a nationally recognised award that provides staff with knowledge of the standards of care required of them in their role. One member of staff told us that they had completed the Care Certificate in January 2016 and it had still not been formally assessed. We spoke to the provider, who assured us they would take immediate steps to address this matter.

The registered manager told us that training was also accessed from by a provider representative agency that sought to improve care through training. Staff were also required to undertake a distance learning course provided by a local college in the safe administration of medicine, before they were able to support people with their medicines.

Staff told us they received regular supervision, which involved one to one sessions with the registered manager. This enabled them to discuss good practice, the needs of people who used the service, training and personal development. Regular supervision and appraisal enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. The registered manager told us they were about to undertake the first series of annual appraisals for staff since starting.

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. Staff we spoke with were able to describe the basic principles of the MCA legislation and were able to confirm they had received on line training. Staff also told us people who used the service had capacity to make and verbalise decisions.

People told us before receiving care and support, staff always asked them for their consent. One person told us, "They always ask for my permission before doing anything, like washing and dressing me." A relative said "Whenever they do anything with or for my relative, they will always explain what they want to do and ask our relative are they happy with it. Asking for consent is drilled into everything they do." Staff were also able to provide examples of how they always sought consent when supporting people. One member of staff said "All my clients are able to make decisions and I always seek consent before doing anything like delivering personal care." Another member of staff told us, "I would always get people's approval before doing anything, as I would expect."

People told us they were supported to access healthcare professionals to meet their specific health needs. One person said "If I need anything the carers will ring up for me such as renewing my prescription or making a GP's appointment." One relative told us, "They seem to understand my relative's needs and frustrations. They are very good with them and are particularly patient. They will always tell me if they think I should call my relative's GP for anything." Another relative said "My relative was feeling unwell. The member of staff was straight on the phone to make an appointment with the GP. They just can't do enough for you." One member of staff told us, "If there is a problem I will often contact the district nurse or GP on behalf of the client."

We looked at how people were supported to maintain good nutrition and hydration. We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. Staff told us they had limited involvement with people's nutritional needs and that the most people could prepare their own meals without support. People who had meals prepared by care workers told us the meals were prepared well and that they were provided with a choice of food.

Is the service caring?

Our findings

People and relatives told us about the caring attitude of the provider and staff. Staff were described as being dedicated, professional and always willing to help. One person said "We have a regular carer who is absolutely wonderful and so kind. They have always taken account of my needs and put me first." Another person told us, "They are marvellous. They are very good and are always there to help me." One relative told us, "They have fitted in with our relative's life and have now become a big part of their life." Another relative said "My relative really gets on well with all the staff. As a family we are very happy with the staff and the service we get."

Other comments from people and relatives included, "We have complete confidence in what they do." "Very thoughtful, absolutely excellent." "Very good on the whole, I'm very satisfied with them. Always have a good chat and laugh with them." "Absolutely brilliant and the staff are so very dedicated."

People told us staff cared for them in a dignified and compassionate manner at all times. Staff ensured personal care needs were undertaken in private. One person said "They are brilliant when it comes to my privacy and dignity. When showering me I'm never made to feel embarrassed or uncomfortable." Another person said "They always preserve my dignity and can't do enough, they are so kind. They make such a difference to my life." One relative said "When bathing my relative they will always cover them up and are very respectful. I'm so very lucky to have them." Another relative said "My relative says they are fantastic with personal care when it comes to privacy and dignity. They even told me the staff were better than I was."

Staff were also able to describe how they promoted privacy and dignity when delivering support to people. One member of staff said "When a client has a shower, I always make sure they are covered up. I always say do you mind if I do this and always respect their wishes and dignity at all times." Another member of staff said "If washing a person, I make sure they are in private and doors and curtains are closed. Cover them up when using the commode and leave the room to give them privacy."

People told us they were supported to live as independent lives as possible. Staff helped to promote their independence. One relative told us, "My relative being independent is so important and staff do encourage them to do as much as they can." Another relative said "They are very important to me as sadly I would not be able to look after my relative on my own. They get them to do as much as possible. I just don't have any worries anymore." One member of staff told us, "I always encourage people to do as much as they can like brushing their hair. Encourage them to do as much as they can so they can have some independence." Another member of staff said "I have one person who has dementia. We go shopping together and I really encourage them to do as much as possible and only intervene when I need to, such as when they are paying. This includes food preparation. This allows them to have an independent life."

People told us they were given the opportunity to make choices in respect of the care they received and were actively involved in determining the level of care they required. One person told us, "They are very aware of my needs and respect my wishes. I have met the manager and I always get a positive response when I contact them." Another person said "They do listen to me and I'm very involved in the care I have. We

often discuss my needs and whether any changes are required." A relative told us, "We have a review coming up shortly. I'm very involved in my relative's care and they do consult and listen to me." One member of staff told us, "The service user comes first, they are the priority and we always ask them for an input in everything we do."

Is the service responsive?

Our findings

People told us the provider was responsiveness to any needs or concerns they had. They received a prompt response and "weren't left hanging around waiting for a reply." One relative told us, "If we ask for anything, they respond straight away, they are excellent. This week we have had care staff spending additional time with our relative, because of family commitments." Another relative said "They are always flexible and respond to any issues we have at short notice. Such as changing visit times. They will always meet our needs." A third relative told us that they had lots of issues with a previous company. However, with this provider the only issues they have had were of a minor nature and were sorted and resolved to their satisfaction.

People told us they had their needs assessed by the provider before receiving any support. This involved meeting with people in their homes or hospital and liaising with other professionals. This enable the provider to be fully aware of people needs and the skills required to support them. The registered manager told us that following this initial assessment of need, a six monthly review or sooner was arranged. This was to ensure the service was meeting the needs of the individual.

People told us their care and support needs was planned and agreed in full consultation with them. Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Support plans included information on people's medication, personal care needs, dietary and mobility requirements. Support plans were located at each person's home with duplicates held at the office.

We found care staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service. One member of staff told us about a person who would often say they had eaten, when in fact they knew they hadn't. They would, without forcing the person, prepare a meal and encourage them to eat it. Staff told us they were encouraged to highlight any concerns they had relating to the support people received. This could be something simply as fine tuning of call times or raising health concerns. Another member of staff said "We get to know people's likes and preferences and the support we give is developed to meet their specific needs. I encourage them to let me know if they are not happy with anything."

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. People told us they knew who to contact if they had any concerns or complaints. The service had a complaints policy and procedure in place with a copy in each person's care file. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received.

As the service had been operating for just 12 months, we were told by the registered manager they were about to send out annual surveys to people. They told us that part of the unannounced 'spot checks' they undertook on staff involved seeking feed-back from the person to see if and how the service could be improved. For example, during one spot check a person stated they were not aware of the contents of their

support plans as the print was too small. The provider addressed this issue by providing a copy of the support plan in larger print.

Is the service well-led?

Our findings

People told us the service was well managed and personal to their needs. The management team were approachable and nothing was too much trouble. One person told us, "All the staff are pleasant and helpful. I always get a positive response when I contact the office. Any issues are resolved before they become formal complaints. They are so helpful." Another person said "Whenever you contact them, somebody is always there to speak to. The management are very nice and kind to deal with. I'm so delighted with them, totally trustworthy and reliable." A relative told us, "The management team are approachable and helpful and really can't do enough for you." Another relative said "Any issues are always sorted, they are first class."

Staff told us there was an open and inclusive culture where people were at the centre of what they did. People were also actively consulted and involved in how they received their care and support. Staff felt supported, valued and were happy to work in an open and transparent culture. Comments from staff included, "Everything is out in the open. Management are very approachable and easy to talk to. I'm very happy and enjoy working for this agency." "The management are so supportive and people are at the heart of everything." "We are all encouraged to be open and frank and we are listened to, especially if it means things can be improved for a client." One example included where staff had highlighted medicine recording errors, such as forgetting to sign the MAR, where appropriate action was taken with staff member concerned.

Other comments from staff included, "This is an excellent company. There is a fantastic atmosphere and I have personally come a long way with the support they have given me." "The management are very supportive and are there for you when you need them."

There was a clear management structure in place and staff were aware of their roles and responsibilities. The service manager led by example and recognised the different skills and abilities each staff member brought to the team. The registered manager regularly worked with staff and undertook visit of clients. The provider employed an external human resources company to provide legal advice and guidance in relation to employment issues.

We found the provider undertook regular reviews of care plans and risk assessments. We found the service undertook a comprehensive range of checks to monitor the quality of service delivery. These included unannounced 'spot checks' and 'observations' of staff. One person told us, "They do spot checks on staff, which again is good to know they are checking up on standards." Staff told us that they received valuable feed-back from spot checks, which were thorough. This included how services could be improved and praise for a job well done.

We looked at minutes from staff meetings. This provided staff with the opportunity to discuss concerns or talk about areas, which could be improved within the service. We saw that topics of discussion included issues such as training and education, medication and on-call systems.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and

deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.