Care Outcomes UK 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

Overall summary

This was an announced inspection which took place over two days, 16 and 18 June 2015. The last inspection took place on 30 July 2013. At that time, the service was meeting the regulations inspected.

Care Outcomes UK Ltd is a domiciliary care service that is registered for the regulated activity of personal care and nursing care. The service provides care and support to people in their own homes. At the time of inspection the service was meeting the needs of 11 people.

There was a registered manager in post since first registration in 2013. 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.

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and supported them to remain as independent as possible. Where people's needs could not be met safely or effectively, work was declined.

Summary of findings

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were supported to manage their own medicines if they wished.

Staff felt they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service, the registered manager and the people they worked with.

People who used the service were matched up with suitable staff to support their needs, and if people requested changes these were facilitated quickly. People and relatives were complimentary of the service, and were included and involved by the staff and registered manager. They felt the service provided meet their sometimes complex needs.

There were high levels of contact between the staff and people, seeking feedback and offering support as people's needs changed quickly. People and their relatives felt able to raise any questions or concerns and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships and kept them involved in activities that mattered to them. Relatives thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The registered manager was seen as a good leader, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to work to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns and had frequent contact with the registered manager.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated systems were in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines as required.

Is the service effective?

Good

The service was effective. Staff received on-going support to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's induction and training.

Arrangements were in place to request support from health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity, or had fluctuating capacity.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say and this was reflected in their care plans.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their family carers to provide individualised care.

Is the service responsive?

Good

The service was responsive. People had their needs assessed by the registered manager and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and following advice from external professionals.

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager.

Summary of findings

Is the service well-led?

Good

The service was well led. The service has a registered manager who had regular contact with people and staff. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

The people, relatives and staff we spoke with all felt the manager was caring, approachable and person centred in their approach.

Care Outcomes UK Ltd

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 16 and 18 June 2015 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people using the service, their families and carers over the 22, 23 and 24 June 2015.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. 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. We also contacted local commissioners of the service for feedback.

During the visit we spoke with five staff including the registered manager, nine people who used the service or their relatives if they were unable to communicate via phone. We also spoke with two external professionals who regularly had contact with the service.

Five care records were reviewed as was the staff training programme. Other records reviewed included, safeguarding adult's records and accidents/ incidents. We also reviewed complaints records, five staff recruitment/ induction/supervision and training files, and staff meeting minutes. The registered manager's action planning process was discussed with them as was learning from accident/ incident records.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving care and support from the staff. One person told us "Oh yes, I feel very safe and I do trust them with my life." A relative told us "The carer comes five mornings a week and a couple of afternoons, always the same carer, always on time except for once when held up in traffic and they have missed no calls. Been coming now for two months and we are bowled over and impressed by the carer and the company, excellent carers." Another relative told us "Staff come from the office every six weeks and supervise and check that everything is in order and we have a little chat." Another family member told us "I was very wary about having carers but the registered manager reassured me about police and other checks they make." Feedback from all the people we contacted was good, where people had concerns in the past they had felt able to raise these with the service directly and all felt that staff would respond positively if they did raise concerns.

Staff we spoke with felt that safeguarding or other safety issues would be dealt with appropriately by their managers. All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. They felt confident that the registered manager would respond quickly to any concerns they raised. Staff told us that keeping people safe was a core principle of their work. The registered manager told us about a time when they had discussions with care managers about concerns relating to a person's welfare. These discussions led to intervention by an external professional and led to a positive outcome for the person.

Some of the people receiving the service had a history of self-neglect or of refusing planned care or professional advice. Staff were able to tell us how they would ensure the persons safety by contacting relatives, friends or professionals when the person refused care and / or was placing themselves at risk of harm. The service had risk assessments and contingency plans in place to cover such eventualities, as well as support from their office and on call to assist staff if this occurred. Staff we spoke with felt the high levels of contact between the registered manager, office staff and people receiving the service and their families helped to ensure these issues were discussed and resolved quickly.

We looked at how staffing was assessed for each person. We saw that the registered manager assessed each person prior to working with them. The registered manager told us they regularly refused work where they did not have the right staff available to meet their needs. Each staff member had a profile which then helped the registered manager match them up with a person who may wish to use the service. The registered manager would then introduce the new member of staff to the person, and when introducing new staff to an existing customer would follow this same process of gradual introduction and review. Some people's needs were assessed as needing two staff at key times for moving and handling. These were all risk assessed and the staff deployed had been trained in the correct procedures and safe use of equipment.

The registered manager showed us the 'web roster' they used to deploy and manage staff. This online system sent people and staff electronic copies of their rotas for the coming week, giving the names of staff who would be calling, or alternatively a paper copy was delivered. The registered manager showed us how this supported staff by reminding them about the changing of clocks at summer and winter time, and of bank holidays if they used public transport to travel and needed to make changes to travel plans.

We looked at how staff were recruited and saw that the process was the same for all staff; both those providing care and those based in the office. All staff were subject to a formal application and interview process. Two references were taken and a criminal record and barring scheme check made. The registered manager told us that all staff were assessed against strict criteria, which included their ethos towards working with people, and we saw evidence of this in the interview records. All staff were self-employed and this gave the service a pool of 62 staff who could be drawn on when a new person began to use the service. The registered manager told us where staff performance or attitude had been poor they had attempted to improve this through extra supervision and training. Where this had not been successful the staff were no longer offered further work with the service.

We looked at how medicines were managed. Some people had family carers and as part of the initial assessment agreement was reached about how medicines would be managed. Where people or their relatives chose to manage their own medication this was risk assessed and kept under

Good

Is the service safe?

review. Where the service had responsibility for medicines this was carried out by suitably trained staff. Records of medicines were kept at all times and subject to regular review by the registered manager to ensure the arrangements were effective. Staff who handled medicines had attended the providers training and regular refreshers. Care plans showed what the medicines were for as well as possible side effects.

Staff told us they had all attended appropriate infection control training, and that the service always ensured that disposable gloves and aprons were supplied to the person's home for their use. People told us that when they had any contact with the service staff always checked if any such supplies needed topping up and came out immediately if stocks were low. The registered manager told us about a situation where one person had mentioned that staff were using a lot of their personal soap to wash after providing personal care. The service supplied staff with their own soap supply to avoid this in future.

Good

Is the service effective?

Our findings

People and their relatives told us the service was effective at meeting their needs. One person told us "They (The registered manager) told us what the carers could do and what they could not do and what they were not allowed to do, it was all very positive." A relative told us "X's parents were not happy that we were going to have carers, but the carer has been nice and positive and won the parents over." An external health care professional told us "They manage them very well, physically X's needs are quite complex. From a nursing point of view complex skills are required and are being demonstrated."

From records of staff induction we could see that all staff went through a common induction process. All staff had attended training in key areas identified by the provider. The registered manager kept a record of all staff showing when refresher training was needed. Regular observations of staff were carried out by senior staff to ensure they were following care plans. Staff also attended specialist training to meet the changing needs of people and the registered manager worked closely with their training provider to develop new training where this was needed. Staff told us they were always attending training and that it was relevant to their work. One person's daughter who was also providing care to their parent was offered and attended the providers training to assist them in delivering safe care.

People told us they felt the staff had the skills and knowledge to meet their needs. One relative told us when talking about staffs training and induction, "Yes quite happy with their training." Another told us about working with new staff "Continuity is there and when a new one comes she comes as an extra and shadows them."

We looked at staff supervision and appraisal records and saw there was day to day contact with staff where the registered manager or office staff visited people and spoke with staff. Records were kept which showed that formal supervision took place regularly. These looked at training needs and gave staff feedback on how well they were meeting people's needs as well as identifying areas for improvement. Staff we spoke with told us supervision was helpful, they felt able to discuss any personal or work issues that affected them, and they felt supported by a flexible response.

People told us they had regular contact with the registered manager, either in person or via phone. A relative told us "We have meetings and the manager comes out and asks are we happy, we discuss issues. It is helpful on both sides." As part of their assessment, people were given information about the service and how to make contact for advice or support if staff were not present. People told us if they contacted the office someone would come back to them quickly.

People's consent to care was sought at initial assessment and throughout the care planning process. We saw assessments of capacity and risk assessments had been completed where people had made decisions which professionals considered risky. These included refusal of care and in relation to lifestyle choices that might adversely affect their health. Where it had been assessed that people had capacity their choices were respected and people's welfare was reviewed regularly to ensure potential risks were minimised. An example included where a person chose to continue a diet which could have a serious impact on their health. The person was given full information and advice about the choices available to them and an external healthcare professional's advice was sought.

People told us they were supported to eat and drink. One person told us "They get my meals and drinks and help me eat as I cannot hold a fork or spoon, but I'm not on a special diet". People told us help with eating was not rushed and went at a pace they were comfortable with.

We saw from records that people had access to support from health care professionals including GP's, district nurses, physiotherapy, and the speech and language therapy team. There was evidence in care plans and other records that the staff were proactive in requesting occupational therapist input where people needed equipment installed in their homes for their safety. This included such things as hoists. Staff also identified where people could not let visitors into their home safely, so sought a door entry system. One person told us, "The bungalow is filled with equipment and if there are any problems with any of it they get someone out as soon as possible. They check it and ring the office."

Good

Is the service caring?

Our findings

People told us they thought the staff and registered manager were caring in their approach. One relative commented "We are happy with the care and the carers do genuinely care and they help my relative and do things in a certain way that they like. It is really good having care overnight, it is a really big help." Another relative told us "The carer is proactive, friendly and experienced with 30 years in care." One person told us "The care I am getting is definitely what I need and my views are asked for." Another told us "The carers are not just doing their job but making meaningful relationships."

When we asked about the support from the registered manager and the office staff, one person told us "If I need to speak to them they put me straight through." Overall people told us the staff were positive and when there had been issues these had been resolved.

A profile of each person was available in their care records which helped to identify people's preferences in their daily lives, their hobbies, and important facts about their previous occupation and interests. This helped staff to be able to provide support in an individualised way that respected people's wishes. Staff we spoke with knew the details of people's past histories. We saw that written details of how people wanted to be cared for and supported were clear. For example, details about the specific cup a person liked to use in the morning was outlined in their care plan, and we were told this preference was respected by staff.

Some of the people had a history of rapid movement between different services. This was because their diverse needs and preferences were not able to be met by a previous provider or there had been conflict with them. The registered manager told us how they worked with each person; accepting their lifestyle choices and behaviour, and sought staff who could more readily work with that person's lifestyle. People and their families told us they felt respected by staff, that they could direct the care to meet their needs and the staff responded positively to their requests.

The registered manager told us how they supported people to access healthcare services, sometimes supporting family carers to ask for additional support or advice if this was not forthcoming, such as hoisting equipment. Staff were aware of advocacy support that could be accessed, but due to the complex needs of the people they supported staff actively used the multi-agency team around the person to support them with any conflicts or issues.

People told us that staff respected their privacy and confidentiality. One relative told us when talking about privacy, "Absolutely they do respect them", when talking about how staff provide personal care. A person told us "I cannot do anything for myself and it is all up to them but I am covered at all times and I never feel embarrassed". Staff and people told us they always sought permission before doing anything for the person.

A number of the people using the service were receiving end of life care. We saw that people had been supported to make advance decisions, such as 'do not attempt resuscitation' orders and these were reviewed regularly. Staff liaised with community health professionals to seek their input and advice, and people were supported to have dignified end of life care. Records showed how people wanted to be supported and gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs. We saw that staff and the registered manager continued to provide practical help and support to family carers after people had passed away.

Good

Is the service responsive?

Our findings

People told us the service provided was responsive to their needs. One person told us "The care I am getting is definitely what I need and my views are asked." A relative told us "Recently I asked for cover for an evening for two hours and they sorted it and put it in the diary. They are fairly flexible and if I need to change anything it is not a problem and they have told us that we only have to let them know if we need more hours and anything else to suit X." Another relative told us "If I ring the office I talk to them, but if the answerphone comes on they ring me back quickly."

We looked at five people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual. We saw that there were regular reviews of these care plans and that information from external professionals was added quickly. The records contained details about peoples past occupation and interests and gave the reader an insight into the person's lifestyle and preferences. These records were written in plain English. Where technical or medical language was used this was explained or information was included in the care plan to inform the reader.

People told us they helped to develop their care plans and had been consulted about how best to work with them. One relative told us that they had asked for specific carers to be provided as they wanted certain staff. The registered manager arranged for this to happen and gave the family copies of the staff profiles to help them choose which staff should support them.

We saw that reviews often involved a number of external professionals and staff kept records of these meetings so that they were able to quickly incorporate changes into the care plans. An example being where a GP had given a new prescription for pain relief and staff quickly sourced the medication out of office hours and made changes to the medicines records.

Relatives told us that staff responded quickly to peoples changing needs. One relative told us "X had runny eyes and the carer did mention this to me and I told them that I had rung the GP". They told us the staff then ensured this was followed up and guidance was updated to ensure the eye drops were applied regularly. A person using the service told us how the staff supported them to keep appointments with health professionals. They told us "They organise all my appointments and I need them to take me to them."

People were encouraged and supported to keep up the activities and interests they enjoyed. Peoples preferred interests were documented, and with careful matching to staff they were able to support them to continue these where possible.

The registered manager had regular contact with people via 'face to face' or telephone contact. People told us they felt able to raise any concerns and that these were quickly responded to. The registered manager showed that where complaints or concerns had been raised they responded positively to them and had made changes to their service or care plans. People we spoke with about complaints told us some carers had come late, or they had different carers due to staff leave. They told us they had raised these concerns with office based staff, it had not occurred again and they were happy with the response they received. One relative told us "They do what they can for the best and they try to help in all ways".

Good

Is the service well-led?

Our findings

People and their relatives told us the service was well led. One person said "Their worst is other agencies best." Another person told us "They are very helpful and yes I am sure that it is well led." A relative told us "They are very pleasant and everything works. They answer the phone straight away if it is an emergency situation and they jump to it straight away. When X came out of hospital they arranged drop in carers; they were very efficient." When talking about the registered manager a relative told us "Oh yes I have a very good liaison with the Boss." And when talking about the staff they told us "It is a happy work force and they come in and do their job and they go."

The registered manager told us how they did not offer to provide peoples care where they did not feel able to meet their needs. They told us that if the initial assessment showed they would not be able to offer the continuity of carers or the right skill mix, they declined the work. They felt that to offer a second class service was not appropriate and went against the services principles. Staff we spoke with reflected that when we spoke with them. One staff member told us "The registered manager goes that step further to make sure you're well and encourages you to train and develop further."

The registered manager told us about a 'rainbow award' they had introduced. This sought feedback from people using the service to then assist in identifying high performing staff to then reward them for their good work. Staff told us the registered manager had high standards of themselves, asked the same of them, and praised them when they had gone that extra mile.

We saw minutes of staff and office meetings. These clearly set out how the registered manager used the meetings to gather information about possible improvements and make changes to how the service was delivered. For example sending out a staff newsletter to keep people updated on upcoming events, and having a central list of birthdays; sending out cards to people and staff.

The registered manager had signed up to the 'Social Care Commitment', a joint Department of Health and Skills for Care initiative. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The registered manager showed us an audit they had carried out against the seven statements, or commitments, and had identified areas of strengths as well as areas for improvement. They showed us how they had then developed an action plan to improve those areas further. These actions were clearly defined and broken down with timelines and review dates to make sure that progress was made and embedded into the service. One development area was to encourage individual staff to sign up to the commitment.

The registered manager was seen as visible and approachable by people using the service and staff. Alongside regular visits to people they also sent out regular feedback forms. We reviewed these and could see that most people gave positive feedback. Where issues were raised they were explored further and we could see that changes were made to the service provided or to staffing deployment.

We discussed notifications to the Care Quality Commission (CQC) with the registered manager and clarified when these needed to be submitted. They were clear about their role as a registered person and sought advice from the CQC regularly to ensure they were meeting their statutory requirements.

We saw the registered manager undertook audits of care plans and other records regularly. We could see where changes had been made to reflect people's changing needs. The registered manager described a constant loop of visits to people, listening to changing needs, updating care plans and making sure staff had the skills to meet those changing needs.

Commissioners of the service commented positively on the registered manager who had taken people with complex needs and worked collaboratively to meet their needs. They often referred people to them where other services had been unable to meet their needs or a more individualised service was needed.