

Care Outlook Ltd

Care Outlook (Battersea)

Inspection report

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13 April 2017

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Ratings

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

Summary of findings

Overall summary

We conducted an announced inspection of Care Outlook on 12 and 13 April 2017. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. At our last comprehensive inspection on 9 December 2014 we found the provider was meeting the regulations we checked.

Care Outlook provides care and support to people living in their own homes. There were 112 people using the service when we visited.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risk assessments and care plans contained enough information for care staff. All records were reviewed within six months or sooner if people's needs changed.

Care staff assisted people to take their medicines safely. Care workers told us they had completed medicines administration training and understood how to safely administer medicines.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated a good level of knowledge about their responsibilities under the Mental Capacity Act 2005. However, care records did not always demonstrate that people were provided with care in accordance with their valid consent.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Care records contained enough information about people's needs and preferences.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was a detailed induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs and visits were appropriately arranged to ensure people's needs were met.

Care workers supported people to maintain a balanced nutritious diet where this formed part of the package of care being provided to them. People were supported effectively with their health needs, when

needed and were supported to access a range of healthcare professionals.

People using the service and staff gave positive feedback about the registered manager and told us they provided feedback about the service. They knew how to make complaints and told us they felt listened to and there was a complaints policy and procedure in place.

The organisation had effective systems in place to monitor the quality of the service. The registered manager reviewed various areas of the service on a regular basis. Information was reported to the CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Medicines were administered safely and records were kept of this.

Good ●

Is the service effective?

The service was not always effective. The service was not always meeting the requirements of the Mental Capacity Act 2005 (MCA). However, care workers demonstrated a good level of knowledge of their responsibilities under the Act.

Staff received an induction, training and regular supervisions and appraisals of their performance.

People were supported to maintain a healthy diet where this formed part of their package of care.

People were supported to maintain good health and were supported to access healthcare services and support when required.

Requires Improvement ●

Is the service caring?

The service was caring. People using the service and their relatives made positive comments about the care provided by staff.

People using the service and relatives told us that care workers spoke with them and got to know them well. People using the

Good ●

service and relatives confirmed their privacy and dignity was respected and care workers gave us practical examples of how they did this.

People using the service and relatives told us care workers spoke to them and got to know them well. Care workers considered people's emotional needs and dealt with these in a sensitive way.

Is the service responsive?

The service was responsive. Care records were updated when people's needs changed and care workers confirmed that they reported any changes to people's needs to senior staff.

People's needs were assessed before they began using the service and care was planned in response to these. Care records contained information about people's preferences in relation to how they wanted their care to be delivered.

Care staff encouraged people to maintain their independence. Care records contained information about people's social interests and hobbies and how care staff should support people to access these.

People told us they knew who to complain to and felt they would be listened to.

Good ●

Is the service well-led?

The service was well-led. Care workers told us senior staff were approachable.

Quality assurance systems were adequate and information was reported to the Care Quality Commission as required.

Good ●

Care Outlook (Battersea)

Detailed findings

Background to this inspection

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

The inspection took place on 12 and 13 April 2017 and was conducted by one inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service and we contacted a representative from the local authority safeguarding team.

We spoke with 11 people using the service and three relatives of people using the service. During our visit we spoke with the registered manager, the quality monitoring officer who conducted spot checks and six care workers. We also looked at a sample of 11 people's care records, five staff records and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe when using the service. One person told us, "I feel safe with the carers."

The provider had conducted their own assessments prior to providing care. Risk assessments were completed in relation to all known areas of risk involving the person's care. Initial assessments covered the person's health care needs, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. This information was then used to produce a care plan around the person's identified needs.

People had specific fire safety risk assessments in place and where particular risks were identified, they were referred to the Fire Brigade. We spoke to a representative from the fire brigade on the first day of our inspection. They told us "It's really important that we work with services like Care Outlook, because we get told about people who are particularly vulnerable that we wouldn't have known about." The representative told us the Registered Manager referred people she considered to be at particular risk and requested them to visit the person and provide specific fire safety advice and equipment which included fitting smoke alarms where needed.

All risk assessments viewed contained practical guidance for care workers in how to support people to manage risks. For example we saw one risk assessment relating to one person's specific behaviour that challenged. This included an explanation of what the behaviour was and how care workers should respond when this occurred. Risk assessments were updated at least every six months or sooner where the person's needs had changed.

Care workers demonstrated that they knew the risks to people well. One care worker gave us a detailed description of the specific risks related to one person's care. They told us the person "is quite unsteady and I have to be careful to make sure [the person's] environment is safe when they're moving around."

Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The provider had a safeguarding adult's policy and procedure in place. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received first aid training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers understood the procedure to follow in the case of an incident occurring. They explained they would contact the emergency services or GP first if necessary after conducting an initial assessment of the situation and would then report the matter to the office and other parties afterwards. Two care workers gave us examples of incidents that had occurred and told us how they responded to these. One care worker told us "The incident did not happen in front of me, but I still reported it to the office and the GP."

Care workers were responsible for administering medicines to some people and filled in medicines

administration record (MAR) charts. These were returned to the office every month and checked by the registered manager who audited these records and queried any discrepancies.

Care workers we spoke with told us they had received medicines administration training and records confirmed this. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

People using the service and relatives told us they were seen by the same care workers and this ensured they could develop a relationship and get to know one another well. Comments included, "I have the same two carers. They are both really good" and "I get a regular carer. I'm really lucky to have her." People and their relatives told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with the registered manager about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. Care workers also confirmed that they kept the office informed about whether they needed more time to conduct their work. They told us the timings of their visits could be extended if this was required. The registered manager confirmed that the contract could be renegotiated with the referrer if considered necessary, but to date this had not happened.

We looked at the recruitment records for five staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing their employment history.

Is the service effective?

Our findings

People's rights were not always protected as the provider was not meeting their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and found that the provider was not always meeting the requirements of the Act. We saw that some people had signed their care plans and risk assessments to confirm they consented to their care. However, we found some of these documents were either not signed or were signed by people's next of kin without confirmation being obtained as to whether they had the legal authority to do so. We spoke with the registered manager and she told us she had requested mental capacity assessments to be completed by people's GPs or social workers. We found in some cases that care had been provided for a period of up to three months, without the service making a determination about the person's capacity to consent to their care. We recommend that the provider seeks advice from a reputable source about how to fully meet their responsibilities under the MCA.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs that may indicate that a person lacked the capacity to make a specific decision and told us they would report this to their manager. One care worker told us "If I was worried about one of my clients I would report it."

People told us they were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records included sufficient information about their dietary requirements as well as people's likes and dislikes. Care workers told us they prepared people's meals in accordance with the instructions they were given at each visit and they were aware of people's preferences.

Care records contained up to date information about people's health needs. Details about people's health needs were included in their care plan. This included a description of people's known health conditions as well as information about how this manifested itself. We saw factual information sheets in people's files on health conditions such as diabetes and dementia, to remind care workers about the typical signs and symptoms of these.

Staff told us they felt well supported and received regular supervision and spot checks of their competence to carry out their work. The registered manager told us supervisions were supposed to take place every month and care workers confirmed this. One care worker told us "These are useful. You can take time out and really think about things."

The registered manager told us annual appraisals were supposed to be conducted of care workers performance once they had worked at the service for one year. Care workers told us and records confirmed these were taking place. Care workers told us they also found these useful to their practise.

People told us staff had the appropriate skills and knowledge to meet their needs. People told us, "They're very good. They know what they're doing" and "They get on with their work the way they're supposed to." The registered manager told us and care workers confirmed that they completed training as part of their induction as well as regular ongoing training. People underwent a formal induction process which included four days of formal training and a week's shadowing. One care worker told us "The induction is really good. You also have to complete assessments that get marked. They don't let you work unless you know what you're doing." Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work and on an ongoing basis. These topics included safeguarding adults, first aid and moving and handling.

Is the service caring?

Our findings

People and relatives gave good feedback about the care workers. One person told us their care worker was, "very kind and caring", and relatives told us, "They seem very nice and [my family member] gets on with them". People told us they were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the people we spoke with confirmed this. For example, one care worker told us "You have to be very careful how you do things. I have [person] I care for who is very particular about where you should put things and I respect that. It's [the person's] home and I have to do things [the person's] way."

Care staff were mindful of people's emotional needs and moods and were aware of how to respond to these when necessary. One care worker gave us examples of the triggers for one person feeling low and told us how they managed this to make the person feel better. Another care worker told us "It is so important that you get to know the people you are caring for. I know my clients and care for them as if they were my family. That's how it should be."

People we spoke with confirmed that their privacy was respected. One person told us "[The care worker] is very respectful." Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. One care worker commented "there are lots of ways to treat people with respect. You have to greet them when you enter their home. You treat their home with respect, you talk to them politely. That is being respectful."

Care records gave some details about people's cultural and religious requirements, and the registered manager confirmed that these were identified when people first started using the service and records included this. When we spoke with care workers they had a good level of knowledge about people's culture and spiritual beliefs and how this influenced and contributed to the support they provided.

Is the service responsive?

Our findings

People's care was planned in a way that took account of their individual needs and preferences. Care plans provided detailed information about how a person's needs and preferences should be met. This included information about people's life histories and people important to them.

Care records contained information about people's interests and hobbies. The registered manager told us and care workers confirmed they worked with people to keep them active by encouraging them to participate in activities where this formed part of their package of care. One care worker told us one person "watches the same programme on television every day. It's what they like to do" and another care worker told us one person "reads the newspaper every day, so I make sure they have this."

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see. These were returned to the office and reviewed by the registered manager on a monthly basis and we saw detailed daily records which demonstrated what care had been provided to people.

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. One relative told us "Whenever I tell them anything, they act on it. They really take my views seriously."

Care workers told us they offered people choices as a means of promoting their independence. One care worker told us one person "is very independent and wants to maintain this. So I do everything I can to help them to be independent for as long as possible." We saw some written examples within care records of suggestions to care workers in how they could involve people in the care being provided in order to promote their independence. Care workers were encouraged to offer choices in relation to various activities of daily living including what the person wanted to eat and which clothes the person wanted to wear.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service and their relatives confirmed they knew who to complain to where needed. Senior staff told us how they handled complaints and we saw records to demonstrate this. The service received very few complaints, but we saw evidence that these were managed in line with the policy to people's satisfaction.

Is the service well-led?

Our findings

The provider reported concerns to the Care Quality Commission (CQC) as required.

The provider had adequate systems in place to monitor the quality of the care and support people received. We saw evidence of monthly audits in medicines administration as well as ongoing monitoring in other areas.

There was a clear process for reporting and managing accidents and incidents, but to date, not one had occurred. The registered manager told us they intended to review accidents and incidents individually to identify any further actions or learning points if any occurred.

Relatives told us they were asked for their feedback every month when the registered manager visited them. One relative told us the registered manager "Always knocks on my door and asks me if everything is going ok." Feedback was sought during monthly spot checks when the registered manager also obtained visit records and MAR charts. The registered manager told us that if issues were identified, these would be dealt with individually. We saw recorded details of this monitoring within the daily notes we viewed.

Care workers confirmed they maintained a good relationship with the management team and felt comfortable raising concerns with both the registered manager and director of the service. One care worker told us, "I feel very comfortable talking to him. He's a very open person." Team meetings took place every six months and care workers told us they found these useful and felt comfortable speaking in them.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations about what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided reflected these.

The registered manager worked with members of the multidisciplinary team in providing care to people. This included the local pharmacist and the GP.