African Positive Outlook Limited

African Positive Outlook

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?	Requires improvement

Overall summary

We undertook an announced inspection of the African Positive Outlook Domiciliary Care Agency (DCA) on 15 and 17 June 2015. We told the provider two days before our visit that we would be coming. We did this because the service is small and the manager is often out of the office supporting care workers or providing care. We needed to be sure that they would be in.

African Positive Outlook is a registered charity established to provide information and advice for people of African descent living in the United Kingdom and Africa. It is also a domiciliary care agency that provides domestic and personal care services to older people of any ethnic background in their own home. At the time of our inspection six people were receiving a personal care service. The inspection focused on them as they were the people that the regulated activity, personal care, applied to.

At our last inspection on 28 September 2013, we found the service was meeting the regulations we looked at.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People using the service were safe. The provider took appropriate steps to protect people from abuse, neglect or harm. Care workers knew and explained to us what constituted abuse and the actions they should take to report it to help ensure the safety of people.

Risks to people's health, safety and wellbeing had been identified and steps were taken to minimise these risks. Care workers were given guidance on how to minimise identified risks to people and themselves and to stay safe from harm or injury while working in a person's home.

Care workers were aware of the reporting process for any accidents or incidents that occurred. These were detailed in the person's daily notes log and the office informed so that any action needed was taken.

There were sufficient numbers of care workers available to keep people safe and to ensure that people did not miss a visit. Care worker personal files showed the necessary recruitment checks had been carried out before care workers were employed to ensure that people were cared for by care workers suitable to the role.

People's medicines were managed safely and care workers had received training in medicines management.

People were supported by care workers who had the knowledge and skills required to meet their needs. Care workers told us they felt supported by the registered manager and had received appropriate training to carry out their roles. Supervision sessions with the registered manager did not always take place on a regular basis but care workers we spoke with confirmed that they had an opportunity to speak with the registered manager any time they came to the office or by phone.

Care workers were aware of and had received training in the Mental Capacity Act (MCA) 2005 and said they encouraged people's full involvement in their day to day living decisions. The daily notes we looked at showed that people made decisions about how they spent their day.

People were supported at mealtimes to access food and drink of their choice. Care workers helped to prepare food for people and confirmed that before they finished their visit they ensured people were comfortable and had access to food and drink.

People had access to healthcare professionals to help keep them healthy. Records showed and care workers told us that they could support people to access healthcare appointments and liaise with health and social care professionals if needed.

People were satisfied with the care they received from their usual care worker. The friend of a person did say that when the regular care worker was not available they felt that care was not as thorough for that person.

The registered manager undertook spot checks and called on people, sometimes without notice to observe care being given and talk to the person in their own home to monitor the care people received.

Care workers told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety.

People and their families were involved in assessing and planning the care and support they received from the agency. Each person had their own support plan and a copy was kept in the office and another copy at the person's home.

We saw that people's support plans included information about the person's care needs but did not include a lot of information about the person themselves, such as where they were brought up, their former employment, hobbies or pastimes. From the support plans we looked at we could not see when people using the service had their care and support plans reviewed. This was because not all changes that we saw in the support plans had been dated. This meant that there were risks that people might not receive the care they needed because of the lack of up to date information in their support plans. We spoke with the registered manager about this.

Care workers kept comprehensive daily notes about each person, including any activities they accompanied the person on. These daily notes gave care workers a good insight into a person's day and helped them to deliver a person centred service.

Summary of findings

Relatives told us they felt comfortable raising any concerns or complaints with the agency. Information about how people could make a complaint was detailed in their "service user guide", which people were given a copy of when they first started using the agency.

Some of the relatives told us they had regular contact with the care worker and the registered manager of the service and felt there was good communication with the care worker at the office. Two other relatives voiced the opinion that communication with the office could be poor.

The registered manager completed various audits to assess the quality of the service provided by the agency. However we found that these checks were not always as thorough as they could be to identify areas for improvement and errors so that that prompt remedial action could be taken.

This lack of oversight by the registered manager meant that people were not always protected against the risks of poor care and treatment and the provider was therefore in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. There were safeguarding procedures in place and care workers understood these and what abuse was and how to report it.

Risks to people's health, safety and wellbeing had been identified and steps were taken to minimise these risks.

Care workers were recruited safely and there were enough care workers to meet the needs of people using the service.

Care workers supported people to manage their medicines appropriately.

They prompted people to take their prescribed medicines at times they needed them.

Is the service effective?

Good

The service was effective.

Care workers understood their role and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and gave people the time and encouragement to make their own decisions.

Care workers received appropriate training which meant they were knowledgeable about the support people needed.

People received the support they needed to maintain good health and wellbeing.

Is the service caring?

Good

The service was caring.

Care workers were caring and supportive and respectful of people's privacy and dignity.

People where possible were involved in making decisions about the care and support they received.

Care workers supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans set out how these needs should be met by care workers.

Care plans reflected people's individual choices and preferences, so they received the type of care they wanted and most suited their needs.

People felt able to raise their concerns with staff and were confident they would be listened to.

Summary of findings

Is the service well-led?

The service was not as well-led as it could be.

Internal audits were not always as thorough as they could be to identify areas for improvement so that that prompt remedial action could be taken.

Relatives and care worker spoke positively about the registered manager and how they ran their agency.

The provider asked people receiving services and relatives for their views on how the agency was run and how it could be improved. But these were not always acted on to make sure the necessary improvements took place.

Requires improvement

African Positive Outlook

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 of African Positive Outlook DCA took place on 15 and 17 June 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service. We also reviewed information we received since the last inspection including any notifications the provider had sent us.

During our visit we spoke with the registered manager and deputy manager and reviewed the care records of six people who used the service, the records for six care workers and records relating to the management of the service. After the inspection visit we spoke on the phone with four care workers, five relatives and the friend of a person who used the service. We were unable to speak with people receiving care as many had complex needs which meant they were not able to talk with us on the phone.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were safe using the service. One relative said, "We are absolutely delighted with the care worker; they have good interaction with our family member." The friend of a person using the service described the care worker as 'Very attentive.'

Care workers had received training in safeguarding adults. A safeguarding policy and procedures were available and care workers were required to read these as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Care workers were able to explain how they would recognise if abuse had occurred in respect of a person with dementia. Care workers gave examples of looking for changes in people's behaviour, such as them being agitated, angry or withdrawn. They said this could alert them to possible concerns about people's safety which they would report to the registered manager.

There were arrangements to help protect people from the risk of financial abuse. Where care workers occasionally undertook shopping for people, records were made of all financial transactions and appropriate receipts were maintained. The registered manager checked the transactions; this helped to protected people against possible financial abuse.

Assessments were undertaken to assess risks to the person using the service and to the care worker supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, a care worker told us the person they helped care for, required the use of a hoist. The occupational therapist had come out to the person's home to show care workers how the hoist worked and to ensure they were trained to use it. However we saw that another person's care file had a partially completed risk assessment, which meant that a new care worker to the person might not be aware of the risks associated with this task. We pointed this out to the registered manager and they said they would rectify the error.

Care workers were aware of the reporting process for any accidents or incidents that occurred whilst they delivered care to people. Care workers told us these would be detailed in the person's daily notes log and the office informed so that any action needed could be taken.

The agency had a lone workers policy and after the initial risk assessment was completed the registered manager told us it was the responsibility of care workers to report any concerns about safety that they might come across when they visited people in their home, such as broken electrical appliances, frayed carpets or damaged equipment. When these concerns were reported the registered manager informed the family and liaised with them to ensure the property was safe for the person and care worker. These measures helped to keep care workers safe in the person's home.

There were sufficient numbers of care workers available to keep people safe. This was a small company and there were sufficient care workers to cover when care workers were unable to carry out their regular visits. This helped ensure that people did not miss a visit. Care worker levels could be adjusted according to the needs of people using the service and we saw that the number of care workers supporting a person could be increased if required.

We looked at six care worker personal files and saw effective recruitment checks had been carried out before care workers were employed. This included completed application forms, references and criminal record checks. These checks help to ensure that people were cared for by staff suitable to the role.

People's medicines were managed safely. Care workers had received training in medicines management. Care workers said that for most people they only had to prompt them to take the medicines which came from the pharmacy in blister packs. Each blister pack contained the correct dose of medicine to be taken and the time of day it was to be taken. Care workers completed a medicine administration record (MAR) chart and these were taken back to the office each month. We looked at the MAR charts returned to the service and saw they were completed correctly.

Good

Is the service effective?

Our findings

People were supported by care workers who had the knowledge and skills required to meet their needs. Care workers told us they felt supported by the registered manager and had received appropriate training to carry out their roles. The provider had identified a range of mandatory training courses for care workers and records showed care workers had completed recent training including safeguarding adults, dementia awareness, food hygiene and medicines administration.

Care workers had supervision sessions with the registered manager every six to eight weeks. The registered manager said if the need arose this could be provided earlier or as required. We saw that during 2014 some of the one to one supervision sessions had not taken place. The registered manager explained that as they were a small team with only six care workers, they would often have informal meetings when a care worker came to the office each week and a note of those meetings was not always kept. Care workers confirmed that they had an opportunity to speak with the registered manager any time they came to the office or by phone and were happy with this level of support.

Records showed that five of the six care workers had received an appraisal in 2014-15. We did not see a date in the diary for the one person who had not received an appraisal. The registered manager said this would be scheduled with the care worker. We saw copies of the appraisal process which included any identified training needs and discussions about a care workers support needs. Team meetings were held every six months and we saw the minutes of the last two meetings, held in June and November 2014. We found care workers were satisfied with the various ways in which they were supported.

Care workers were aware of and had received training in the Mental Capacity Act (MCA) 2005 and said they encouraged people's full involvement in their day to day living decisions. Care workers asked people for their consent, taking the time to explain issues and to wait for a reply. Care workers said people's families were involved in helping them make decisions. The manager explained to us what it would mean to deprive someone of their liberty and how that could impact of the care given. At the time of the inspection no one using the service was being deprived of their liberty.

One relative said, "[My relatives] diet is fully discussed with me and they eat really well." People were supported at mealtimes to access food and drink of their choice. Care workers helped to prepare food for people during the day and were aware of safe food handling practices. Care workers confirmed that before they left their visit, they ensured people were comfortable and had access to food and drink. Care workers ensured they recorded in a person's daily log what they had eaten and drunk during their visit. This helped to ensure people and care workers monitored and were aware of a person's nutrition and hydration needs.

One relative said, "Care workers really make an effort and persuade [my relative] to stay healthy and their health has really improved." People had access to healthcare professionals to help keep them healthy. People's care records included the contact details of their GP so a care worker could contact them if they had concerns about a person's health. We saw that where care workers had more immediate concerns about a person's health they called for an ambulance to support the person with their healthcare needs. Records showed and care workers told us that they could support people to access healthcare appointments and liaise with health and social care professionals if needed to make sure people's healthcare needs were being met.

Good

Is the service caring?

Our findings

One family we spoke with said, “Care worker are very caring, excellent” and a friend said, “They never let [the person] down, top marks.” Another person said, “Care worker are mature, sensible and caring and have a lot of banter and chat with [my relative]. The interaction is good with lots of laughter.”

The registered manager ensured that people received care, as much as possible, from the same care worker for each visit to ensure continuity of care but there were circumstances when this was not always possible. The friend of a person did say that when the regular care worker was not available they felt that care was not as thorough for that person. The usual care worker said this was because they often spent extra time with the person beyond the time they were allocated and that other care workers were not always able to do this.

Care workers we spoke with confirmed that the registered manager made unannounced visits (spot checks) to people’s houses during calls to monitor the standard of care people were receiving and to ensure they were doing their job well. During the spot checks, the manager also monitored whether care workers were promoting people’s privacy and dignity and treating them with kindness. One care worker said, “If I do my job well and the person is happy and it makes a difference, then I’m happy. I want people to be happy.” Another care worker member said when asked why they liked helping people, “I just love it, it’s satisfying.”

The majority of people who received personal care from African Positive Outlook had capacity to make their own decisions at the time of our inspection. Relatives of people using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interest’.

The manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the family and local authority to ensure appropriate capacity assessments were undertaken.

Care worker told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. Care workers talked about closing doors and curtains and covering people when helping them.

Good

Is the service responsive?

Our findings

People and their families were involved in assessing and planning the care and support they received from the agency. The registered manager told us they met with people to discuss their needs and wishes before they received any services from African Positive Outlook.

Each person had their own support plan and a copy was kept in the office and another copy at the person's home. We saw that people's support plans included information about the person, their communication, medicines and care needs but did not include a lot of information about the person themselves, such as where they were brought up, their former employment, hobbies or pastimes. Care workers we spoke with said they spent time talking to people and getting to know them and this helped them deliver a personal service.

Care workers were also aware that if a person's needs changed they had to, in consultation with senior staff update the person's care plan to ensure it remained current and relevant to the needs of that person. We noted that one person's care plan had been updated to reflect their current needs and the increase in the number of visits and care workers they required.

Feedback we received from people showed that their care was reviewed when their needs changed. The registered manager confirmed this and said people's support plans were reviewed and discussions held with care workers about any changes needed and the care plans were updated.

We did see that care workers kept comprehensive daily notes about each person, including any activities they accompanied the person on, such as going for a walk, to the shops or the park or accompanying people to appointments. These daily notes gave care workers a good insight into a person's day and helped them to deliver a person centred service.

People told us they felt comfortable raising any concerns or complaints with the agency. Information about how people could make a complaint was detailed in the "service user guide", which people were given a copy of when they first started using the agency. We noted all complaints received by the service were recorded and the actions taken to resolve these were well documented.

Requires improvement

Is the service well-led?

Our findings

Some of the relatives told us they had regular contact with the care worker and the registered manager of the service. One relative said, "The care worker keeps me informed about [my relative]." They felt there was good communication with the staff at the office and there were opportunities for them to feedback about the service they received.

Two other relatives voiced the opinion that communication with the office was on occasions poor and that they did not always receive feedback about their relatives care. This may mean that families were not kept as up to date as they could be. When we discussed this with the manager they were surprised to hear this and said that notes were kept of all communication with relatives or professionals and these notes would be reviewed to ensure all relatives or professionals received equal feedback about the service received.

We saw the registered manager completed various audits to assess the quality of the service provided by the agency. They undertook internal audits which included checking people's care plans and risk assessments, care worker training, supervision and working practices. However, we found that these checks were not always as thorough as they could be to identify areas for improvement so that that prompt remedial action could be taken.

As an example people's daily notes that were brought back to the office on a monthly basis were not checked to review whether people's needs were being met and if all calls were completed as planned. When we reviewed the daily notes of four people, we noted a few incidents where calls had been missed with no note to say why. We spoke with the registered manager about this and they said because they were a small team they would communicate with one another nearly every day and any changes or concerns discussed and remedied. However, whilst this may well be the case, it was not clear whether there were missed calls which meant people did not receive their care as planned or the calls were completed but without a record made in the daily notes.

We also found care workers returned the MAR charts to the office monthly. We asked the registered manager if the returned MAR charts were monitored and checked for errors in administration of medicines or in the recording process. The manager said they did not currently check the MAR charts. This meant that opportunities to identify errors in medicines administration and to improve practice could have been missed. We spoke with the manager about this and they said they would start this process to improve practice in relation to the management of medicines.

Whilst records in most areas were well maintained we found that care plans were not dated and amended when care and support plans were reviewed. This meant that people might not have been protected against the risks associated from inaccurate records. The registered manager said in future any changes would be dated and signed.

We also spoke with the registered manager about how they ensured the quality of the care and support given to people. They said they undertook spot checks and called on people, sometimes without notice to observe care being given and talk to the person in their own home. They also rang families to check that they were happy with the service being received. However, no records were made of the dates of these phone calls and visits and the outcomes or actions to be taken as a result of these. This meant that the provider did not have consistent systems to monitor the quality of the service and to ensure people received safe and appropriate care and support.

This lack of oversight by the registered manager meant that people were not always protected against the risks of poor care and treatment because the quality assurance systems were not always effective in identifying areas for improvement and for ensuring that prompt remedial action was taken to make improvements. The provider did not take into account the experience of service users and others on the services provided to continually evaluate and improve the services. The above shows that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One care worker said, "It's a nice company [to work for] and the manager is very good." Care workers felt the registered manager was approachable and available if they had any concerns. They told us, "I know if I have any problems I have that support."

Requires improvement

Is the service well-led?

CQC records showed that the registered manager was aware of their responsibilities to send us notifications of any reportable events promptly. A notification provides details about important events which the service is required to send us by law

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems or processes in place to assess, monitor and improve the quality and safety of the service provided, including the quality of the experience of service users. The provider did not maintain securely an accurate record in respect of the care and treatment provided to each service user. The provider did not act on feedback from relevant persons and other persons on the services provided for the purposes of continually evaluating and improving such services. Regulation 17(1)(a)(c)(e)