

Care Outlook Ltd

Care Outlook (Forest Hill)

Inspection report

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27 November 2020
11 December 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Outlook (Forest Hill) is a domiciliary care service which provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 337 people receiving care and support for personal care.

People's experience of using this service and what we found

The provider had improved the system of scheduling care visits since the last inspection and people told us they now received care visits on time. The provider had improved the way risks to people's health and wellbeing were recorded and managed. People's medicines were managed safely by staff who had received relevant training. The provider followed safe recruitment processes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's health and social care needs were fully assessed, and care plans contained clear information for staff to ensure they understood how to meet people's needs. Staff received support and training to enable them to carry out their roles.

The provider had improved the way they managed and responded to complaints. People and their representatives were involved in decisions about their care and support needs. Staff knew people's preferences and needs and delivered person-centred care. People's communication needs were assessed and documented. Staff consulted with people about their future wishes when assessing their needs and writing their care plan.

There were ongoing issues with the provider's electronic call monitoring system which meant there was a continued risk people would not get their care visits as planned. We have made a recommendation about improving the management of this system.

The provider had made improvements to the quality assurance processes since the last inspection. People told us they received the care and support they needed, and managers regularly checked on them to make sure they were happy with the service. The provider worked in partnership with other professionals to plan and deliver care.

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 October 2019) and there were multiple breaches of regulation.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions; Safe, Effective, Responsive and Well-led which contain those requirements.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Care Outlook (Forest Hill)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of two inspectors and two Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered person would be in the office to support the inspection. Inspection activity started with calls to people who received care on the 19 November. We visited the office location on 25 November and 27 November 2020. We gave feedback to the provider on 11 December.

What we did before the inspection

We reviewed information we had received about the service including complaints and notifications we received from the service. We spoke with the local authority who commission the care and support people receive. We used the information the provider sent us in the provider information return. We used all this information to plan our inspection.

During the inspection

We spoke with 33 people who used the service and 17 relatives, so they could tell us their experience of the

care provided. In addition to the registered manager, we spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the managing director, a quality assurance officer, a care coordinator and 15 support workers.

We reviewed a range of records including care and support plans and medicine records for 24 people. We looked at records of recruitment, training, and supervision records for ten care workers. We reviewed records relating to the management of the service, including quality assurance audits and accident and incidents and complaints. We also analysed electronic call monitoring (ECM) data for 50 people who used the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We obtained information from the local authority commissioners and two health and social care professionals who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the previous inspection the provider had failed to ensure sufficient staff were deployed to meet people's needs. We found there had been numerous late and missed calls which put people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had changed the staff rostering system to address the scheduling issues we found at the last inspection. People told us they now received their visits as planned. We received comments such as, "The carers are always on time, absolutely fantastic" and "The carers are usually punctual, and they always turn up. If they cannot come or are delayed they will arrange a replacement or telephone up."
- The provider followed safe recruitment processes to ensure staff were suitable to work with vulnerable people. Staff were employed based on their skills, experience, and personal values. Checks carried out before new staff started included people's right to work in the UK, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

At the last inspection we found the provider had failed to assess and manage risks to people's health and welfare, including those associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved the way it recorded and managed risks to people's health and wellbeing. Care plans considered a wide range of risks and contained clear guidance for staff to ensure they understood how to support people safely. For example, where people had limited mobility, there was clear guidance for staff to follow to ensure they kept people safe when using mobility equipment.
- We received positive feedback from people about how the service was keeping them safe. People told us, "Knowing the carer is coming makes me feel safe and also gives me independence and confidence in myself" and "I most definitely feel safe with the carer. I have no problem recommending her and the

company at all."

- Care plans contained environmental risk assessments of people's homes to identify any potential hazards to people's safety. For example, the risk of fire had been assessed and included smoking and the use of flammable emollient creams.

Using medicines safely

- Staff supported people to take their medicines safely and this was confirmed by feedback we received. People told us, "Each day they make sure [family member] takes his medication. He can be inclined to forget if on his own" and "It all goes so well, it is such a relief, (carers) always ensure my medication has been taken and that the supply is up to date."
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- The provider worked with a community pharmacy service to assess people's ability to manage their medicines themselves. Staff were provided with guidance about how to support people to manage their medicines whilst reducing the risk of harm.
- The provider/registered manager audited people's medicines records and had taken action where there had been discrepancies.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse.
- Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns had been taken seriously. One member staff told us, "If I saw something worrying I would tell my supervisor straight away."
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.
- The provider conducted investigations into allegations of abuse or neglect and shared findings with the relevant local authority.

Preventing and controlling infection

- Staff observed safe hygiene practices when carrying out care and support. Staff told us they had a plentiful supply of personal protective equipment and they had received training and ongoing support and guidance on infection control procedures. People told us, "They (Staff) always change their aprons and they do wear gloves. This gives me confidence as I know that the carers have to go into other people's homes as well" and "I am confident in their care and mum's safety, they wear masks and aprons"
- People receiving care were given information on how to keep safe during the pandemic.

Learning lessons when things go wrong

- There were systems in place to record and analyse accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- There was a separate falls log which was used to record and analyse incidents of falls to ensure any patterns and causes were identified and steps were taken to reduce further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had developed care plans based on people's needs following an initial assessment. There was information in place about people's background histories, physical and mental health conditions.
- People were involved in the formation and review of their care plans. We received comments such as, "Yes there is a care plan and it is drawn up appropriately as far as we are concerned" and "Yes, there is a care plan and there is a review of it every year."
- Staff had access to people's care plans at the point of delivery..?. The provider had introduced a new electronic care planning system which meant staff could access care plans from remote handsets. Staff who were responsible for updating the care plans had been given a user's guide to ensure the appropriate level of detail was recorded around people's care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- In some cases, people's capacity to consent to their care and treatment had not been clearly recorded in line with current guidance. We also found examples of family members recorded as having lasting power of attorney without providing the necessary evidence from the court of protection.

We recommend the provider reviews their processes to ensure capacity to consent is recorded in line with current legislation guidance.

- Staff had MCA training and showed an understanding of how to apply this in their role. They told us how they offered people choices and explained things to people whenever giving care and support. One staff member told us, "We always give choices where we can and ask permission before doing anything."

- People who were able to, had signed to show they had consented to their care and support package.

Staff support: induction, training, skills, and experience

- The provider ensured staff received sufficient training and ongoing support to enable them to fulfil their roles effectively. New staff had a comprehensive induction and probation period which included the completion of the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff were positive about the induction programme and ongoing training they received. We received comments such as, "The induction was useful as I got to shadow another member of staff to make sure I was confident" and "You do get regular training. We are always doing training."
- The service had systems in place to ensure that training was refreshed regularly so staff would be kept up to date with best practice. Staff received regular supervision and had an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a balanced diet. Assessments and care plans contained information about people's nutritional needs. If people were at risk of dehydration or malnutrition, there was information for staff to mitigate the risks, including the use of nutritional supplements.
- People told us they were happy with the way they were supported to prepare food and drinks. One person told us, "They microwave meals for me. They tell me what I've got left in the fridge and I choose one of them. They will get me something from the shop if I want" and "The carers come in four times a day. They make sure [family member] is eating breakfast before they leave the early morning visit."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Following our last inspection, the provider had reviewed the care planning process and improved the level of detail about people's health conditions. Information about people's health conditions was available to staff, including dementia, diabetes, chronic obstructive pulmonary disease (COPD), asthma, and catheter care.
- The provider had made the necessary referrals to healthcare professionals where there were concerns about people's health. One care worker told us, "I have contacted my clients GP when I had concerns they were unwell. I have also had to call an ambulance for emergencies. If we call an ambulance we always stay with them until it comes."
- Professionals who worked with the service told us they worked well with the provider. One professional told us, "We work and liaise well with Care Outlook. I have a good relationship with all the staff."
- The service also worked with physiotherapists and occupational therapists when people had mobility issues or needed specific equipment to help them move.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the previous inspection we found the provider was failing to respond to complaints which was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had improved the way they dealt with complaints and we saw evidence these were investigated and responded to in good time. People told us, "If I ever have to question anything I simply get in touch with the office and they resolve the issue" and "I only have to ring the office and they sort it straight away, they are very responsive."
- People knew who to contact if they had any problems with the care they received. They told us, "No I have never needed to make any complaints, but I do know who to ring" and "I've haven't had cause to complain yet. If I did I would call the office and speak to the manager."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control and received personalised care. People told us, "The carers never rush, sometimes they stay much longer than is stipulated, they are all fantastic and everything goes smoothly" and "Sometimes they sit with [family member] for a while after they have finished and watch telly with him. It is such a nice thing to do, it means a lot to him and probably more to me, they really care."
- The provider considered people's cultural and religious needs when conducting assessments. People could choose which staff supported them. This had been done with respect to the wishes and rights of both people and care staff. For example, people had been allocated a staff member from a similar cultural background so they would understand their language, cultural practices, and cultural foods better.
- Staff told us how they ensured people's cultural needs were observed when giving care. One member of staff told us, "One of my clients is Muslim. When I shop for them I make sure not to get anything with pork. I'm always really careful about not wearing shoes in the house. You don't go in with shoes."
- Staff were responsive when people's needs changed. We received comments such as, "I had a fever earlier in year and the carer came just to take my rubbish out. I live in a flat and can't do this myself and she knew. This made a huge difference to me knowing she would do that" and "They have sorted out a gardener for him as the garden had become very overgrown."
- Staff assessed people's social needs and if people were lonely or at risk of social isolation, they were referred on to day services in their local area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs with details of what communication aids people used and factors that might affect people's ability to communicate well.
- There were easy read documents such as the service users' guide available to help people understand the services on offer and the process to complain if they were not happy.

End of life care and support

- People were routinely consulted about their future wishes during the assessment of their care needs. Care plans contained information about any Do Not Attempt Resuscitation orders (DNAR) to ensure all relevant people would understand people's wishes in the event of a medical emergency.
- Staff received training in providing care for people with end of life needs. We found positive feedback had been received from relatives of people who had received care at the end of their lives. One relative said, "Carers went over and above the call of duty, truly making Mother's end of life care dignified, sensitive, personalised, gentle and equally they gave her humour and light, at a most challenging time of her life. There are not the words to say thank you enough to those two very special carers."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now remained the same. This meant despite improvements the service was not always consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were ongoing issues with the provider's electronic call monitoring system which meant there was a continued risk that people's visits could be missed, or much later than planned.
- Analysis of the ECM data indicated that carers routinely failed to log in correctly to indicate they were attending to people at the right time. There had been issues with the staff handsets which were used for logging in and general staff compliance with the system had been low. Although we did not find any issues with staff timekeeping and attendance the technical issues and lack of staff compliance meant the ECM system was not yet effective in identifying potentially unsafe care.

We recommend the provider takes the necessary action to improve the effectiveness of the ECM system.

- The registered manager and other managers within the organisation met regularly to discuss the ongoing risks and changes to guidance associated with the current pandemic.

Continuous learning and improving care

At the previous inspection we found quality monitoring processes were not effective. The provider had not identified the shortfalls we found, and they had failed to resolve the ongoing issue of late and missed calls which put people at increased risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made improvements in care planning and quality monitoring processes which all contributed to an overall improvement of the quality and experience of care.
- People had regular opportunities to give feedback about their care through monitoring visits and telephone calls. We received comments such as, "Sometimes someone from the office comes out to check if everything is going OK. They are pretty thorough when they do that, they check everything, medication, notes and whether or not I am comfortable with the care" and "They come out and checked mums' notes, I was quite impressed with that."
- Staff told us they felt well supported by more senior members of staff. One staff told us, "The supervisors and managers are all very supportive. I can go to anyone, even the registered manager if I have any concerns. They are all very approachable."

- People also told us there had been an improvement in the responsiveness of the office staff. One person told us, "It is easy to contact the office now, they are much better than what they were."
- The provider had made additional improvements. For example, they had used the recent adult social care infection control fund to purchase electric bikes which staff could use instead of public transport when travelling in the community.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to achieve positive outcomes for people and people's feedback confirmed this. We received comments such as, "The present care is the best I have ever had" and "Absolutely fabulous, anything and they would accommodate and help. It is a wonderful service" and "I don't have the words I really don't, they go above and beyond."
- Staff were positive about how the team worked together to help deliver high standards of care. One member of staff told us, "I love my job and I'm proud of what we do. I treat all my clients like they are my own family with love and respect."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people using the service and kept them informed of relevant changes. We received comments such as "The whole organisation from top to bottom from bottom to top keep me informed at all times" and "They contact me when [family member] needs something and they let me know how he is getting on."
- Staff told us they had been supported well with guidance and information during the Covid-19 pandemic. The registered manager kept staff up to date with relevant information through emails and messages. One member of staff told us, "I must give credit to [the registered manager] she worked out a strategy and kept us all informed and well-stocked throughout."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

Working in partnership with others

- The service had been working with the local authority to monitor progress of improvements since the last inspection. The service worked regularly with multi-disciplinary professionals, brokers, social workers and local authority commissioners to achieve good outcomes for people.
- The registered manager attended a range of multi-disciplinary and provider meetings to discuss the ongoing challenges with the Covid-19 pandemic. One professional told us, "We have found the Care Outlook team helpful, accommodating and flexible especially whilst working within hospital discharge team."