

Care Outlook Ltd

# Care Outlook (West Wickham)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 5 and 6 April 2016. Breaches of legal requirements were found in respect of risks to people were not always identified, assessed or plans were not in place to guide care workers on how to reduce them. Medicines were not always safely managed and there were ineffective systems to monitor the quality of the service in relation to risks. Staff recruitment systems were not always managed in line with the regulations. We took enforcement action and served two Warning Notices against the more serious breaches that we found.

We gave the provider until 20 June 2016 to ensure they complied with the regulations in respect of risks, managing medicines and the quality monitoring aspects of the service. We carried out this focused inspection on 24 and 25 August 2016 to check that the service was now compliant with these regulations. We will follow up on the breach of legal requirements in relation to staff recruitment at a later date.

At this focused inspection we looked at aspects of the key question Safe and Well Led. This report only covers our findings in relation to the focused inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Care Outlook (West Wickham)' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Care Outlook (West Wickham) provides support and personal care to people in their own homes. At the time of our inspection approximately 156 people were receiving care and support from this service. The service operates in the Croydon and Bromley local authority areas and provides packages of care for the local authorities and people who make private arrangements.

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

At this inspection we found that action had been taken to improve the identifying, assessing and recording of risks to people. Risks to people were individually identified and assessed and monitored although some improvement was still needed to ensure this was consistent across the service. Improvement had been made to the management of medicines but some improvement was still needed to ensure records were consistently accurate.

In view of the changes made we have therefore changed the rating of the key question Safe to Requires Improvement in line with the characteristics for each rating. We will check for improvements at our next inspection.

There had been improvements to the monitoring of quality at the service. Regular medicines audits were completed to monitor quality across the service. However these changes were relatively recent and we were

not able to judge consistency or the reliability of these improvements at this inspection. Audits of the daily care records were not always routinely checked to ensure care and support was delivered as planned.

We have therefore not changed the rating for the key question Well Led. The overall rating remains the same. We will check on improvements at our next inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Action had been taken to improve safety, but, further improvement was needed to ensure the service was consistently safe. We found risks to people were accurately identified and assessed through risk assessments. However the service had yet to complete its full review of people's care and support needs.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. However some improvement was needed to ensure the system was consistently safe as we found an error in recording and the guidance for care workers for prescribed creams.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

There was a system to check people's medicines were administered as prescribed however this needed longer to embed and ensure that this system was consistently effective. Daily notes were not always routinely checked to ensure care was carried out as planned.

Improvements had been made to the auditing system to monitor the quality of the service. Quality monitoring officers had received additional training and spot checks and telephone monitoring was regularly carried out.

# Care Outlook (West Wickham)

## **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.

We undertook a focused inspection of Care Outlook (West Wickham) on 24 and 25 August 2016. We gave the provider 48 hours' notice of the inspection. We did this because we wanted to be sure the manager would be in. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 and 6 April 2016 had been made. We inspected the service against part of two of the five questions we ask about services: is the service safe, and is the service well led. This is because the service was not meeting legal requirements in relation to parts of those questions at the last inspection.

The inspection was undertaken by one inspector and was unannounced. Before the inspection we reviewed the information we held about the home. During the inspection we spoke with the registered manager, the branch manager and a quality monitoring officer. We visited three people and their relatives in their homes. We also looked at records held by the service including nine people's medicines records and ten care plans as well as checks on the quality of the service.

# Is the service safe?

## Our findings

At the last inspection on 5 and 6 April 2016 we had found that risks to people's safety were not always identified and assessed; for example health risks or possible fire risks from smoking. Adequate steps had not always been taken to reduce risk and protect people from harm. Medicines were not always safely managed and risks in relation to medicines had not always been identified or assessed. The policy in respect of medicines errors had not always been followed; people had not always received their medicines as prescribed. We took enforcement action and served a warning notice to require the provider to meet the fundamental standards of these regulations by 20 June 2016.

At this inspection on 25 and 25 August 2016 people told us that care workers understood possible risks to their health and welfare and took steps to reduce them. For example where people were at risk of falls care workers ensured their mobility aids were left near them. For those people who could not mobilise people told us care workers left drinks where they could reach them. Improvements had been made in relation to the identification and management of possible risks for people. The registered manager told us they had taken on only a limited number of new packages of care since the last inspection so they could focus on addressing the issues we had found at the last inspection. Further training had been provided for quality monitoring officers in relation to the assessment of risks. The registered manager said they were in the process of completing a full review of people's care plans and risk assessments starting with those people with higher levels of care and support needs. Some improvement was required as we were told this process was three quarters of the way through had not yet been fully completed.

We looked at a sample of care plans that included those reviewed and those where reviews were yet to be completed. We found people's risk assessments were up to date and accurately reflected their individual risks. People's health risks were clearly identified and possible risks explored and assessed. For example possible fire risks from smoking or risks in relation to skin integrity or falls. There was detailed guidance for care workers about how to reduce any risks occurring for example the regular emptying of ashtrays where people smoked and the use of equipment to help people mobilise safely where they were at risk of falls. Where people experienced breathing problems there were reminders to care workers about this and how to reduce possible risks.

We found action had been taken to improve the management of medicines. We saw that people's medicines administration charts (MAR) were returned regularly to the office and were checked for any discrepancies. No medicines errors had been identified since the last inspection. We saw the audit checked to establish the reason for any gaps in administration for example if the medicines were administered by family members or the support call cancelled. No unexplained gaps in records had been found in the audit for July 2016. However there was some room for improvement as we found one MAR record for prescribed creams had not been returned to the office for checking in July and we identified two gaps that needed to be reconciled with the support provided. In addition for one person a body map inaccurately showed the location where the prescribed cream needed to be administered. There was a risk this could be incorrectly applied by unfamiliar care workers. We confirmed with the person concerned that care workers did correctly apply the cream in the right location and told the registered manager who made prompt arrangements to rectify the

records.

Risks in relation to people's medicines were assessed and identified. People's medicines risk assessments contained more detailed information for care workers about their health needs; for example in relation to diabetes, there was guidance for care workers about the type of diabetes and how this was managed. People's health risks and medicines they were prescribed were clearly recorded and we saw where there had been a late call and also when the medicines could not be located advice had been sought from the GP and pharmacist in the administering of further doses. Possible risks were therefore identified and managed.

In view of the action taken we have now revised the rating for this key question to Requires Improvement. We will check further improvements have been made at our next comprehensive inspection.

## Is the service well-led?

### Our findings

At the last inspection on 23 and 24 April 2016 we had found breaches of regulations as the systems to monitor the quality of the home were not always effectively operated; issues with the effective running of the service had not always been identified. We took enforcement action and served a warning notice to require the provider to meet the fundamental standards by 20 June 2016.

At this inspection we found improvements had been made but further improvement was needed to ensure that the quality monitoring operated consistently across the service.

People's MAR were regularly checked. We were shown monthly audits that checked for any discrepancies in the recording of the administration of people's medicines. We found that where discrepancies had been identified these had been checked and where there had been an omission in recording the care workers had received additional training and a further assessment of their competency to ensure they fully understood their role. No omissions had been identified for July 2016. However we also found that not all MAR had been returned for the month of July and this had not been identified as there was no system to check for this. The registered manager told us they would amend their process to ensure that all MAR were regularly returned. Daily records that we looked at recorded the care provided and we did not identify any issues from the records we checked. However, regular checks were not always carried out on the daily notes being returned to the office to confirm that people received their care as planned. The registered manager told us they were aware this was an area to improve. Now that they had quality monitoring officers fully trained and in post they could work on including this on a regular basis.

The branch manager told us since the last inspection care workers had been written to with a clear reminder of the processes to follow if they were running late or there was an emergency; this was also discussed in supervision. Since the last inspection they told us there had been no incidents of care workers not following the procedures.

People told us there was a regular system of telephone monitoring and spot checks on care workers. One person told us, "The office does ring to check I am happy with everything and they do check on the carers as well." Another person commented, "The office staff do check that I am getting my medicines and that there are no problems." We also confirmed this from records. This helped to ensure people's support needs were met as planned and helped identify any issues. Where a recent commissioning report had identified some issues to be addressed in relation to two people's care records, these had been completed.

The rating for this key question remains Requires Improvement. We will check further improvements have been made at our next comprehensive inspection.