

Care Outcomes UK Limited

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Inspection report

The Quadrus Centre
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08 September 2017

12 September 2017

19 September 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 7, 8, 12 and 19 September 2017 and was announced. The inspection was announced to ensure that the registered manager or appropriate person would be available to assist with the inspection.

Care Outcomes UK Ltd is a domiciliary care provider registered to provide personal care to people in their own homes. At the time of inspection the service was providing support and care for 11 people, with six people supported with personal care.

The service had a registered manager in place. 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.

At the last inspection, the service was rated good. At this inspection we found the service remained Good.

People and relatives were positive about the care and support provided. People received a continuity of care with the same regular carers who were described as well trained, professional and extremely caring.

The service was adaptable and responsive to people's individual needs and preferences, enabling people to live as full a life as possible. The service ensured people's cultural and religious needs were met. Information was provided, in a range of accessible formats, to assist people in understanding the care available to them.

The registered manager was passionate about providing a high quality service. Feedback from people, relatives and staff was continually sought. People and relatives told us they could voice their views and that they felt listened to.

Processes and procedures were in place to ensure people were protected from abuse and harm. Staff were confident that if concerns were reported the incidents would be investigated. A robust recruitment and selection process was in place. Medicines were managed safely.

The service ensured appropriately skilled and well trained staff were deployed to support people. People were supported to maintain good health and had access to healthcare professionals.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People and relatives told us staff were caring and compassionate. People were supported to maintain their independence in a kind and caring manner. Staff supported people to achieve their goals. Staff were always mindful of ensuring people received care and support in a dignified and respectful way.

Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and family structure. People and relatives were involved in the decision making about their care and treatment.

Care plans were thorough and detailed and included clear information for staff to make sure each person's specific needs were met.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Care Outcomes UK Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 7, 8, 12 and 19 September 2017 and was announced. The inspection was announced to ensure that the registered manager or appropriate person would be available to assist with the inspection. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the 7 and 12 September an adult social care inspector attended the service. On 8 September an expert by experience spoke to people and relatives who used the service. On 19 September 2017 an adult social care inspector contacted staff.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at care records for people who used the service. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

We spoke to two people who used the service, two relatives, the registered manager, branch manager and four staff members.

Is the service safe?

Our findings

At our inspection in June 2015 we rated this domain as "Good." At this inspection we found the provider continued to be good and to meet the requirements of the regulations related to safe.

People received safe and consistent support from staff who had the knowledge, skills and time to care for them appropriately. One person told us, "All of the staff are lovely. Whether young or old, I haven't come across a single one that I haven't got on with. That's very rare in my experience." A relative told us, "They are all brilliant, I don't know how we'd look after mum without them. They always make time to have a chat with her, even if it's just while they sit and write up the notes."

The registered manager told us staffing levels were set by the needs of the people using the service. The service ensured staff had the appropriate skills, knowledge and experience to support the person. The manager told us, "It's not just training we look at. We have to get the mix right personalities, interests and backgrounds it all matters."

People were involved with the selection of their care staff and this was continually assessed. The registered manager told us how new members of staff are gradually introduced to clients. A relative said, "Mum's care is looked after by a small group of regular carers who know her well and she doesn't have to struggle to explain what she needs doing with them, when she really doesn't have the strength anymore."

Prior to the deployment of staff, management reviewed each staff member's competency in the use of equipment and carrying out any medical procedures outlined in the person's assessment. The provider ensured staff had the correct training and skills to support the person. For example, if a new member of staff had not completed epilepsy training an electronic system would alert branch staff they had not completed the relevant training to care for a person with epilepsy appropriately.

The provider had systems in place to help ensure people were protected from abuse and harm. Staff had completed safeguarding training and were able to tell us what action to take if they witnessed signs of abuse. No safeguarding concerns had been raised since our last inspection.

Comprehensive risk assessments were developed where a risk had been identified. These then formed part of the person's support plans. For example, a seizure and convulsion management plan was introduced in one person care records. It clearly outlined actions for staff to take to ensure the person remained safe. These were regularly reviewed.

Relatives and people told us they received appropriate support with their medicines. Care records outlined the level of support a person required and how they liked to take their medicines. A relative said, "Mum is helped with her tablets. Her carer gives them to her with a drink and when she's taken them, it's written up in her notes." We reviewed medicines administration records (MAR). The MARs we viewed showed no gaps or discrepancies. Regular audit checks of medication administration records were carried out. All staff had been trained in the safe administration of medicines, which included bespoke training on epilepsy

management.

The provider continued to operate a safe and robust recruitment process. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. The registered manager told us the service conducted additional confirmation of identification with prospective staff completing the application form at the service premises.

A business continuity plan was in place to ensure people would continue to receive care following an emergency. This outlined potential hazards such as computer failure, fire, flood and loss of staff due to influenza. Each person had a comprehensive personal emergency evacuation plan (PEEPS). This outlined the method of assistance, evacuation procedure and safe routes available for a safe evacuation. As an additional level of safety the registered manager told us following the recent tragedy at Grenfell the service had contacted the local fire service and in partnership they had offered people fire risk assessments and support in improving their fire safety.

Is the service effective?

Our findings

At our inspection in June 2015 we rated this domain as "Good." At this inspection we found the provider continued to be good and to meet the requirements of the regulations related to this area.

People and relatives told us staff were well trained and were knowledgeable about how best to support people. One person said, "All the carers are very knowledgeable and if they're uncertain about anything, then they'll always ask."

The provider had on-site training facilities including equipment used in the support of people. It also worked closely with a local health and social care training provider who delivered all classroom training including induction and refresher training. Training completed included moving and handling, infection control, peg feeding, medicine administration, food hygiene, privacy and dignity and the Mental Capacity Act. One staff member told us, "We receive refresher courses to ensure we are up to date with the training to do with our role, this entails medication, moving and handling, recording and reporting and many others to support us within our job."

The registered manager told us, "Training is booked in advance, staff have a workbook. The trainer provides all the equipment involved in the support of the person and we ensure staff are competent, confident and comfortable in its use."

The service had robust systems to ensure staff had completed refresher training in a timely manner. A computer system alerted branch staff two months prior to staff members' training expiring, allowing time for staff to be booked onto refresher training. Staff underwent competency reviews including the registered manager conducting spot checks by visiting people in their home to help ensure staff remained competent in their roles. Relatives were also offered to take part in training specific to the needs of their relative.

Staff confirmed they regularly took part in supervisions and appraisals. One staff member told us, "We discuss everything about my performance and they ask me if I need additional help or training." Another said, "Yes we discuss how work is, along with if we want to raise any concerns this is where I can use my voice to voice opinions or concerns along with positives."

Where people required support with eating and drinking, staff prepared meals in line with people's preferences. One relative said, "Considering they are not trained cooks, they do remarkably well and whenever I go in to visit mum around lunchtime, there is always some interesting smell coming from the kitchen. They do ask her what she would like, but these days her appetite isn't great so they will be inventive and say that they were thinking of cooking something new and they'd like her opinion of it!" Another relative said, "They have been really patient encouraging mum to drink more and they think about new things to try her with to encourage her to eat."

Care records gave staff clear details in supporting people at mealtimes to maintain their cultural background or religious requirements. One person's goal highlighted weight management and while waiting

for dietician referrals the key worker and person had worked together introducing new foods into diet and swapped some foods for healthier options. A staff member told us, "I always check the individuals care plans in case they have any special diet requirements or allergies before offering the individual certain meals. I prepare cook and sometimes feed the individual, give them guidance or simply let them do it themselves if able."

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. Within the initial assessment where necessary mental capacity assessments were carried out by the local authority if people appeared to have difficulty making some decisions.

Staff had a sound understanding of the main principles of the legislation. They understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make decisions.

People were supported to access healthcare professionals. Within people's care records we saw annual health checks were monitored and arranged. Care records showed people had regular input from a range of health care professionals, such as GPs, speech and language therapists (SALT), and occupational therapists. We saw the service was proactive in starting the discussions with families when the introduction of further help from a healthcare professional may benefit their relative. For example, one person was having difficulty with moving and handling during a toilet visit so with permission the care staff contacted the occupational therapy team.

People told us staff were responsive to their change in needs. One person said, "They usually spot that I'm unwell before I have a chance to tell them because they know me so well." Another told us, "My carers are really helpful and sometimes have some good advice for improving my condition."

Is the service caring?

Our findings

At our inspection in June 2015 we rated this domain as "Good." At this inspection we found the provider continued to be good and to meet the regulations related to this area.

People and relatives we spoke with told us they were happy with the service. One relative said, "Because she see's regular carers, they have got to know mum and her likes and dislikes and also because she is 97 now, they have got used to her little ways of doing things." Another relative said, "The thing I like the best about this service, is the fact that all the carers, whether young or old, in my experience, have provided a first rate service to mother. They are all polite, their hygiene skills are immaculate and they never mind doing anything extra to ensure mum is happy."

Staff encouraged people to be as independent as possible. The service had introduced goal planning. For example, it outlined the goal, how to achieve it, any benefits to the person and obstacles to achieving the goal. For example one person was supported to go shopping, previously they felt they were unable to manage this task.

People had a small number of regular carers who they described as well trained, professional and extremely caring. No one felt rushed by staff members and told us staff remained with people for the allocated time, if not longer.

One person did not use English as their first language; the service sourced translations to produce all correspondence including care records and questionnaires in the person's first language. The service also introduced flash cards with commonly used words for staff members to use when supporting the person. These were developed by the person, their family and the key worker and incorporated images that were important and unique to the person. Staff were respectful of people's cultural and religious beliefs and we saw this was embedded throughout care records.

Staff treated people with respect and dignity. One staff member said, "I respect people's privacy by letting the individual have time alone if they want it or during personal care. I respect their wishes on how they would like me to perform their care and dignity by shutting doors when they are getting dressed or using the toilet and going in the other room if they can do this alone." Another staff member told us, "I always knock on the door before going in their house, closing blinds and doors when doing personal care and asking if they have any preference for their personal care."

People's personal information was held securely and was only accessible by staff members who required the information to perform their role.

Staff told us they supported the whole family. One staff member said, "It is not just the person we support but the whole family." The manager told us, "When we complete welfare visits [relative] will have a chat, she knows we are there for her."

The registered manager advised that no one was currently using the service of an independent mental capacity advocate (IMCA). The service had an advocacy policy in place which sign posted people to Action of Advocacy, an Independent Mental Capacity Service.

Is the service responsive?

Our findings

At our inspection in June 2015 we rated this domain as "Good." At this inspection we found the provider continued to be good and to meet the regulations related to this area.

People told us the service was responsive to the change in their needs. One person told us, "If I need something changing, it just happens here. No fuss, no Spanish Inquisition!" The service was adaptable and responsive to people's individual needs and preferences, enabling people to live as full a life as possible. One person had expressed a desire to go to the swimming baths. The manager told us, "Staff supported [person] to fulfil her wishes."

Another person had previously been nursed in bed, the service had supported the person to gain access to showering and this had been a stepping stone to increase in the person's independence. The service liaised with external health professionals and services to obtain specialist equipment and supported the person to enable them to sit in the lounge, get dressed each day and to go shopping. The person reported that it was the support of the key worker and the service that gave them confidence to make the change necessary. They stated, "I now have much more control over my life and I'm enjoying the independence that it has given me."

People received personalised care, treatment and support. Care plans contained comprehensive information about people and how they wished to be cared for. A client pen picture was in place written in a sensitive manner describing the person, who and what was important to them and their aims. All support plans were thorough and well-written and included areas such as moving and handling, client communication, medicines, nutrition and a daily care plan which covered all aspects of personal care. For example moving and handling procedures were broken down to short sentences detailing each action and was combined with supporting comments from the person on how to support them throughout the movement.

Support plans were written in a person centred way, outlined the support people desired and what was important to the person. For example, in one person's daily care plan it reported, "I like being independent and like to make my own lunch but would like staff to ensure I have everything I need to carry this out." Within the important to [person] section it stated, "Not being tucked into bed – just the quilt placed on the top." When people's needs changed their assessments were updated as were the support plans and if required risk assessments were introduced.

People and relatives told us they were involved with the planning of their care and had regular contact with the branch staff. One relative said, "They are also very good at communicating with me. If they are concerned about mum at all, they will call me, or leave me a note for when I visit." One person told us, "Someone comes out from the office and we look at the carers' records and my care plan to see if any changes are necessary. They always ask me my view of how things are going."

The registered manager recognised the impact of isolation on people's wellbeing and was working on

schemes to utilise the excellent facilities at the branch office. They aspired to create an open centre bringing people together, encouraging them to develop support networks for people using the service, their families but also the local community. Whilst the service offered a base for people to meet it had also had healthcare equipment readily available for training and had gathered an extensive resource library of useful information. They had consulted with local social workers to see what was missing in the area to combat loneliness and bring people together through activities. The service offered all the health care training to people's families enabling to provide confident support to their relative.

The service had a complaints and concerns process in place. Every person using the service received a service user's guide which included how to make a complaint. The information had also been translated in to one person's first language. The registered manager advised that no complaints had been made since our last inspection. One person told us, "I do know how to complain because there is a complaints leaflet here. However, in the two years that they've been providing my carers, I've never had anything I've needed to complain about. There are really no problems at present and, if say, there was a personality clash or the like, then I'd just pick up the phone to the office and explain and they will usually sort out whatever it is I'm calling about."

Is the service well-led?

Our findings

At our inspection in June 2015 we rated this domain as "Good." At this inspection we found the provider continued to be good and to meet the regulations related to this area.

The service had a clear management structure led by a confident, effective registered manager who constantly reviewed the service to drive improvement. The registered manager was passionate about making a difference in people's lives and enabling people get the most out of life. They said, "My approach is I give the same care I did for my mam, I do the same for the people we care for." This caring attitude was a common theme when speaking to staff. The registered manager regularly reflected on the service provided, listened to people, relatives and staff and implemented new systems in order to provide a high-quality service. For example on the request of people welfare visits were reduced.

Staff were clear on their role and impact on people's lives. Staff we spoke to were happy working at Care Outcomes. The registered manager led from the front and made themselves readily available to support staff or to offer guidance. They regularly sought out guidance and resources to empower staff to gain further knowledge and provided information to support staff in their role. The service researched people's medical conditions and medicines and produced leaflets for staff and relatives. This meant staff had a greater understanding of people's medical conditions and the impact on their life.

The registered manager was driven by the importance of providing a safe and caring service. We saw they continually strived to gain current up to date knowledge; they reviewed CQC newsletters, NICE guidelines and received alerts from British National Formulary (BMF). BMF Publishes practical information on the selection and clinical use of medicines. The information was implemented into people's care records and gave staff a greater understanding of people's condition or the medicines they were supporting in giving.

The registered manager and branch staff were constantly reflecting on the service. The provider had a range of review processes to monitor the quality of people's care. This included such areas as checks of medicines, support plans and goals. Observations in people's homes also formed part of the drive for improvement. The registered manager and manager conducted weekly welfare visits and spot checks. Following speaking to people and relatives this was reduced. The registered manager told us, "If any concerns are raised this would increase. It is also a welfare check for staff, see how everyone is getting on."

The registered manager had an insight of the daily running of the service. Each morning a meeting was held to review any on call issues. The service was quick to react to issues. For example, a medicines error had been identified. The registered manager and manager reviewed all the information and concluded the number of hours worked might have been a contributing factor. The registered manager instantly amended the service's computer system which meant the issue could not occur again.

Monthly management meetings were held and discussed staffing issues, training, safeguarding and staff nominations for the rainbow awards. A rainbow award was recognition of a staff member who had excelled in their support and had really made a difference to the person or family. One staff member was nomination

by a person who had recently achieved their goal of going swimming.

Relatives and staff told us they felt supported by the management team. One staff member said, "You always feel supported." Another staff member said, "The registered manager is excellent I can go and discuss anything. They also put the person first." Another staff member said, "I feel listened to." The manager told us, "Staff work well together. We enable staff to develop and are supported by experienced staff." We don't just support the person; it is about supporting the families too. A relative told us, "The managers are very approachable. I met [the registered manager] and [key worker] to talk about mum's care and they couldn't have been more supportive. It has been a really trying time for us as a family, but I know if I need a chat, they are only a phone call away."

The service communicated to staff in a range of formats via telephone calls, emails, texts and during welfare visits. One staff member said, "They give updates all the time." A client and staff newsletter was produced reporting on people's positive stories, up and coming charity days and healthcare information. These were available in different formats including audio.

The service regularly consulted with people who used the service, relatives and staff. Staff had the opportunity to have input into the development of the service. Staff were able to discuss the service at welfare visits, supervisions and appraisals, via a staff suggestion form and a yearly staff survey. A staff survey was promoted with the last one taking place in August 2017. When staff were asked about the following statement, "When visiting clients I feel I have sufficient information", 78% agreed. We saw the service was open to reflection and following this result a care plan orientation record which confirmed when staff had reviewed a person care plan and 'meet and greets' prior to staff supporting people were introduced.

People received a quality assurance questionnaire and all comments we reviewed were positive. Comments included, "safe and valued.", "empathy- really try to understand needs", and "fantastic service." Feedback was evaluated and any actions were immediately put in place. For example, one person requested a change in the format of their rota which the service produced straightaway.

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.