

Care Outlook Ltd

Care Outlook (Hounslow)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Care Outlook (Hounslow) is a domiciliary care agency providing personal care to 141 people at the time of inspection.

Not everyone who used the service received personal care. 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.

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

People did not always receive their visits at the time they required. Medicines were not always recorded as safely administered. Some concerns were raised in relation to infection control practices. Additional checks were required to ensure that staff recruitment checks were sufficient.

Staffing levels were not sufficient in meeting people's needs.

There were plentiful concerns in relation to communication across the office team, and management support. Quality assurance audits were not always effective in identifying areas for improvement. Staff did not always receive regular supervision and people, relatives and staff did not always feel their concerns were addressed.

Improvements were needed to ensure that staff training was up to date and staff received appropriate levels of support.

Records showed that people were referred to appropriate healthcare professionals, however some people were not confident this would happen.

The provider had recognised improvements were needed to ensure people's end of life wishes were captured. Care records reflected people's preferences. Written complaints were suitably addressed.

Staff were generally caring and treated people with respect, whilst supporting them to be independent.

Risks to people were sufficiently assessed so that staff were able to support them. Staff knew how to report any potential safeguarding allegations.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28/11//2018 and this is the first inspection.

Why we inspected

This was the service's first inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care Outlook (Hounslow)

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

This inspection was carried out by one inspector, with a second inspector making calls to staff, and an Expert by Experience making calls to people using the service.

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 houses and flats and specialist housing.

The service had recently deregistered their manager with the Care Quality Commission. A new support manager was in place and they told us they would be looking to apply for their registration in due course.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 October 2019 and ended on 16 October 2019. We visited the office location on 14 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people using the service and 11 relatives. We also spoke with eight staff members.

During the inspection we spoke with the support manager and senior manager.

We reviewed a range of records. This included seven people's care files and where applicable, medicines records. We looked at six staff files in relation to recruitment and staff support. A range of records in relation to the service were reviewed, including quality feedback checks and competency review documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures, the training matrix and quality assurance checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. At this inspection this key question has been rated as Requires Improvement.

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.

Using medicines safely

- Improvements were needed to ensure that medicines administration was recorded appropriately. We reviewed people's medicines administration records (MAR) and found that stock balance checks were not recorded for the medicines stored in their original boxes. Records did not assure us that care workers gave people the correct dosage of their prescribed medicine.
- A relative also told us, "[Person] feels ill when he has to wait a long time for his breakfast and tablets. Very often I have to do it if the carers don't come" and care records showed that one person required a time specific medicine; however staff were regularly late to their morning call. This meant the person did not always receive their medicine at the time that they needed it.
- Furthermore, MAR that we looked at did not contain a space to record an explanation for why a medicine wasn't administered. We also found multiple gaps across MAR, where staff had not signed the record correctly.
- We raised this issue with the provider who showed us an appropriate MAR and told us that the correct MAR had not been printed for the records we reviewed. They told us they would implement this with immediate effect. We will review their compliance with this at our next inspection.

The above issues demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People and relatives told us that visits to people were repeatedly attended at the wrong time, missed or that an incorrect number of staff attended. People were also not usually supported by regular carers.
- Comments included, "Often things go wrong at the weekends, there's not enough staff. Only one carer comes, so can't put [person] on the commode, she has to wait till next visit", "I don't know who's going to come and when, and neither do the carers themselves" and "The carers would like to leave early but they can't. They sit here looking at their phones or chatting for up to ¼ hr before they can log out and go."
- Staff also told us, "There isn't much travel time at all. For example, I work with one person and am not given enough travel time to get to the next visit on time" and "No, there are lots of instances when people [staff] are late. So some people have calls at 9am and won't get seen until 10.30am. The service users are informed. Sometimes they are so late they have to get their relatives to help them. I don't know if this is being addressed as the office is quite chaotic."
- The providers log in system for staff visits also confirmed that visits were often late or missed, with quality

feedback reports confirming people and relative's dissatisfaction.

- We raised the above with the provider who told us they had commenced disciplinary action with those staff that did not use the log in system effectively. Some relatives reported that improvements had been made, with staff staying the full duration of the visit. However, further action was required to ensure the rostering system was effective and people received their visits at the time that they needed them.
- One person's local authority assessment highlighted there was a potential risk from a person known to them. However the provider had not implemented a specific risk assessment for this, and their general assessment did not highlight this concern.

The above issues demonstrate a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above points notwithstanding, potential risks to people were assessed such as moving and handling, medicines and general environmental risks around the home.

Preventing and controlling infection

- Two relatives highlighted practical concerns in relation to infection control. One told us staff arrived with flu as they were the only staff member available. Another reported a lack of change of clothes from another staff member after visiting someone who had potentially been contagious.
- A suitable infection control policy was in place, as well as guidance notes within people's care plans to prompt staff to follow good hygiene practices. One staff member told us, "Yes, I've had infection control training. I use covers for my feet, gloves and aprons. I can get more from the office."

Staffing and recruitment

- Due to a recent transfer of staff from another provider some staff records did not always contain a full employment history or suitable references from previous employers.
- We raised this with the provider who told us they would undertake a full audit of staff records and remedy any issues found.

Systems and processes to safeguard people from the risk of abuse

- Not all of the staff that we spoke with had a full understanding of safeguarding. We raised this with the provider who told us that these staff would be retrained.
- A suitable safeguarding policy was in place that supported people to recognise signs of abuse, and report them appropriately.
- Records showed that where safeguarding concerns had been raised the provider had investigated these and complied with the requirements of social services. We will check on their progress at the next comprehensive inspection of the service.

Learning lessons when things go wrong

- Any incidents and accidents were thoroughly reported by staff, and records showed that these were reviewed by the management team.

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.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Whilst some staff were positive, some were apathetic about the training on offer to them. Comments included, "I actually haven't received any here, but I get my training elsewhere. The one training I had done here was terrible and I was appalled. The trainer isn't very good, they talk to you like your children", "We haven't had training for a few months, I can't remember the last time I was on training. I have to update my own knowledge" and "Training happens once a year, but I feel that the training is talked down to us. They spoon feeding us the answers, you end up switching off. There's no point raising it with people nothing will change."
- Staff did not always convey to us they had full knowledge to carry out their roles, with conflicting information in relation to safeguarding, the requirements of the Mental Capacity Act 2005 and risk assessments.
- Records we looked at showed that staff received regular supervision, however some staff told us they did not feel supported through this process and that it was not always held regularly. Spot checks of staff performing their duties were also inconsistent.
- Following our inspection the provider sent us an updated training matrix for all staff, reflecting that refresher training had been booked for those that required it. We will review their progress at our next inspection.

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

- Relatives did raise concerns that due to staff not attending calls at the correct time that this impacted on whether people received their meals throughout the day.
- People's records clearly detailed their food and drink preferences, including guidance for staff in how to prepare their meals.
- We reviewed the daily records that showed staff prepared the foods that people preferred.

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

- Some people reported that they were not always assured that staff would contact the appropriate professionals if they were feeling unwell.
- The provider told us of good relations with community services such as local charities for loaned equipment and befriending services.

- Records showed that people had been referred to other agencies such as the falls team and occupational therapists. Where staff had attended to people that were unwell appropriate action had been taken to engage with the appropriate health services.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Some of the staff that we spoke with understood the principles of the MCA. Comments included, "If someone has the capacity to make decisions for themselves, if their capacity was fluctuating I would inform the office" and "If someone has the capacity to make their own decisions and choices. Someone may not be living the way you would, but if they have mental capacity and know the consequences of living like that, they have the right to do so."
- Staff supported people to make decisions telling us, "When I'm with the service users we sit and discuss things. We offer them choices to help them make decisions."

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

- People's needs were assessed prior to them commencing the service to ensure the provider could accommodate their needs.
- Records contained information in relation to local authority assessments of need to help guide the provider with initial care planning.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The majority of people and relatives that we spoke with felt that staff were caring. Comments included, "They really look after [person] and try to send the same carers all the time", "My carer is very good and helpful. She does all the things I can't do e.g. change my bed and does the cleaning" and "The usual carer is lovely and helpful. She came early at 6am on two mornings because I needed to go to hospital."
- Records showed that following a specific request one person had been allocated a care worker that spoke their preferred language.

Supporting people to express their views and be involved in making decisions about their care

- Care records showed that people were consulted in decisions about their care. Some relatives reported that reviews weren't always regular, however all of the care records we reviewed were up to date.
- People and relatives were contacted through regular telephone or face to face visits.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. Comments included, "I always cover people when providing personal care" and "If my client is in the bathroom I will make sure they're covered."
- People's care plans reflected the tasks they were able to do for themselves. Staff conveyed to us how they supported people to be independent telling us, "I would try and persuade people to do things for themselves, I wouldn't force them to do it" and "By encouraging them to do things to increase their independence, it's important."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and relatives were not satisfied that their concerns were suitably addressed. Most of the people that we spoke with told us that they had made complaints to the office, and that these were only suitably addressed when raised with management or head office.
- One relative told us of a concern they had raised, but hadn't felt had been resolved.
- Despite the comments above, the complaints records we reviewed had been investigated and responded to in a timely manner.

End of life care and support

- At the time of our inspection there was no one receiving end of life support.
- The provider told us that a template had been developed to ensure that people were given the opportunity to discuss their end of life wishes, and was due to be implemented imminently. We will review their progress at our next inspection.

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

- The majority of the people and relatives told us that staff met people's needs in the ways they preferred.
- People's care plans reflected the ways in which they like to be cared for. This included detailing where their products for personal care were stored, how staff should support them during this task and the things they could do for themselves.

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.

- People's care records included their communication needs. This allowed staff to ensure they communicated with people in ways they preferred
- The provider also told us they were able to access written information in accessible formats from the local authority when required.

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.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People, relatives and staff raised consistent concerns in relation to the management team and office support. People and relatives said, "When I've cancelled a visit, they don't always do it e.g. last Tuesday I'd cancelled days before and somebody still turned up", "Sometimes mum's had missed visits and the agency haven't told me, meaning mum's not had anything to eat all day" and "Often things go wrong at the weekends, there's not enough staff. Only one carer comes, so they can't put mum on the commode, she has to wait till next visit."
- Staff comments included, ""I try not to bother as I feel it's a waste of time. If I have real concerns I'd send an email", "I have never met the manager, my line manager is okay. But there's others that I'm not keen on. They don't listen to staff, sometimes you don't feel supported." One staff member also reported a lack of management support after attending a visit where someone had passed away.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance audits that we reviewed had not highlighted the concerns we found at inspection, such as inaccuracies in MAR reporting. Furthermore the provider had not conducted a full audit of staff files following the recent transfer and had not taken satisfactory action to ensure all staff were suitable to work with people.
- People, relative and staff views showed that management did not always offer suitable support to staff, or ensure their competency to carry out their roles was regularly assessed.
- Where previous concerns in relation to office communication had been raised sufficient action had not been taken to improve this.

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

- A staff member told us, "We have had a meeting in August about our views. The management got together to discuss the issues we are all having. It felt like they didn't really listen as nothing has changed. Issues, for example, missing payments and not being able to get through to the office."
- We reviewed telephone and visit feedback collated from people and relatives. These often highlighted lateness of visits or care workers not attending at all. However, this continued to be an issue across the

service. Effective measures had not been put in place to make sufficient improvements in this area.

The above issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above points notwithstanding we were informed that some improvements in management had recently been noted. This included points such as one person receiving a regular care worker and staff reporting they had more personal support within their role.

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 provider was transparent in telling us they were aware of shortages in staff, resulting people not always being visited at the right times. They were also aware of improvements required to ensure staff training was regularly refreshed.

Working in partnership with others

- The provider worked closely alongside the local authority to take on placements and meet the needs of people in the boroughs they served.
- People were supported to access other community agencies to support them in aspects of their day to day living.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that care was provided in a safe way, by failing to assess and mitigate risks and failing to ensure the safe management of medicines.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish effective systems to assess, monitor and improve the quality and safety of the service.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure that staffing levels were sufficient to meet people's needs.