Care Outlook Ltd

Care Outlook (Hillingdon)

Inspection report

11-21 Clayton Road
Ground Floor
Hayes
Middlesex
UB3 1AX

Tel: 02085618295

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 3 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available.

This was the first inspection of the agency at their current address. Care Outlook (Hillingdon) previously operated out of one of the provider's other branches and was included in their registration.

Care Outlook (Hillingdon) is a domiciliary care agency providing personal care and support to people living in their own homes in the London Borough of Hillingdon. The majority of people using the service were funded or part funded by the local authority and the agency was one of the four main agencies contracted by the local authority to provide care within the borough. At the time of the inspection there were 219 people using the service, although the manager told us the number of people changed regularly as they took on new people and others no longer needed care.

Care Outlook Limited is a private family run business. They provided care and support to people in their own homes in London and the South East of England. At the time of the inspection the provider had seven branches including the Hillingdon branch.

There was a registered manager in post. This person was the provider's operations director and their role involved overseeing other branches. There was also a branch manager, who had been in post since October 2015. The branch manager told us they were in the process of applying for registration with the Care Quality Commission. They had not submitted their application form for this at the time of the inspection, but they had started gathering evidence for the application. 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 and associated Regulations about how the service is run.

The majority of people were happy with the service they received and they felt the care provided was good.

However, people did not always receive care which reflected their needs and preferences because the care workers did not arrive at the same consistent time each day and were sometimes late when supporting people with their meals and personal care.

People using the service told us they felt safe with the agency workers and with the care provided. The provider's procedures for safeguarding adults were designed to protect them from the risk of abuse and to act swiftly when abuse was identified.

The risks to people's safety had been assessed and recorded.

People received their medicines as prescribed.

People had consented to their care.

The staff were appropriately trained and had the information they needed to carry out their roles and responsibilities. The staff felt supported and their work was regularly assessed.

People who required support with eating and drinking received this from the agency.

The staff supported people so they stayed healthy.

People were cared for by staff who were kind, considerate and polite. They had good relationships with their care workers. They were treated with dignity and respect.

Care plans were clear, detailed and regularly reviewed.

People were able to make a complaint and felt these were listened to and acted upon.

The majority of people felt the service was well-led. The staff also felt the service was well managed. Some of the people using the service and staff had concerns about specific aspects of the service. There were opportunities for people to voice these concerns through the provider's quality monitoring, complaints procedure and staff supervision.

Records were appropriately maintained. The provider was auditing records and identifying areas where improvements were needed.

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.

People using the service told us they felt safe with the agency workers and with the care provided.

People were protected from the risk of abuse because the provider had an appropriate procedure designed to act swiftly when people were identified as at risk of abuse.

The risks to people's safety had been assessed and recorded.

People received their medicines as prescribed.

There were enough staff employed to care for people and meet their needs.

Is the service effective?

Good

The service was effective.

People had consented to their care

People were cared for by staff who were appropriately trained and had the information they needed to carry out their roles and responsibilities.

People were cared for by staff who were regularly assessed and supervised.

People who required support with eating and drinking received this from the agency.

People received the support they needed to stay healthy.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, considerate and polite. They had good relationships with their care workers.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People did not always receive care which reflected their needs and preferences because the care workers did not arrive at the same consistent time each day and were sometimes late when supporting people with their meals and personal care.

People's needs were recorded in clear, detailed and up to date care plans.

People were able to make a complaint and felt these were listened to and acted upon.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The majority of people were happy with the service they received and felt it was well-led. The staff also felt the service was well managed. Some of the people using the service and staff had concerns about specific aspects of the service. There were opportunities for people to voice these concerns through the provider's quality monitoring, complaints procedure and staff supervision.

Records were appropriately maintained. The provider was auditing records and identifying areas where improvements were needed.

Care Outlook (Hillingdon)

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 checked 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 3 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection visit was conducted by one inspector. Before the inspection visit we contacted people who used the service and their representatives by telephone. Some of these telephone calls were conducted by 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. The expert-by-experience supporting this inspection had personal experience of caring for an older relative.

Before the inspection visit we looked at all the information we held about the service. This included looking at the information we received when the service was registered, notifications of significant events and information about safeguarding alerts. We contacted the London Borough of Hillingdon quality monitoring team who carry out monitoring visits on behalf of the borough to make sure the service is meeting their contractual arrangements. We spoke with 15 people who used the service and the relatives of 12 different people who used the service. We spoke with three care workers on the telephone and had email conversations with seven other care workers about their role and experiences of working for the agency.

During the inspection visit we spoke with the branch manager, the regional manager and the managing director. The registered manager was not available, however the branch manager, who will be taking on the role of registered manager, was responsible for the day to day running of the branch. We also met and spoke with two care workers and a senior member of the branch staff. We looked at the care records for eight people who used the service and the recruitment, training and support records for nine members of staff. The files we selected were not people who we had previously spoken with as part of the inspection. We looked at other records the provider used for managing the service, including the record of complaints,

safeguarding referrals, records of communication with staff and records of quality monitoring.

After the inspection visit we received feedback from Healthwatch Hillingdon. Healthwatch Hillingdon is a health and social care watchdog run by and for local people. It is independent of the NHS and the London Borough of Hillingdon.

Good

Is the service safe?

Our findings

We asked people if they felt safe with the care workers from the agency and receiving care from them. They told us they did. Some of the comments from people were, ''I feel absolutely safe'', ''I feel safe, they are very caring'', ''Yes, I feel safe, I can't fault them'', ''They are good carers and keep me safe'', ''Yes I feel safe, they are very good to me'' and ''I have no concerns about feeling safe.''

People were protected from the risk of abuse because the provider had an appropriate procedure designed to act swiftly when people were identified as being at risk of abuse. When incidents of abuse and harm had occurred the provider had responded appropriately to these and taken steps to prevent further harm. The provider had a safeguarding procedure which was recorded, regularly reviewed and shared with the staff. The staff had received training in safeguarding adults. They confirmed this and we saw evidence of safeguarding training recorded in staff files. All employees were issued with an identification badge which they were required to carry at all times when working. The staff were given a handbook when they started working at the service. This included information about keeping people safe, for example how to access people's property, handling people's money, acceptance of gifts and confidentiality.

The provider kept a record of safeguarding alerts and concerns and the action they had taken following these. There was evidence they had reported concerns to the local safeguarding authority and the Care Quality Commission. The records of safeguarding alerts included a summary of the investigation into the concern, evidence from the investigations (including staff statements) and the action taken as a result of these alerts. For example, we saw that following a recent concern the staff involved had been suspended from duty, an investigation had taken place and the staff were undergoing disciplinary procedures. The provider had also contacted all of the staff employed to discuss the poor practice which had been identified, inviting them to discuss this and looking at lessons they could all learn from this.

The staff demonstrated a good understanding of safeguarding procedures and knew what they would do if they were concerned someone was being abused or was at risk of abuse. One member of staff told us, ''I have had training in safeguarding adults. This means that carers and organisations need to work together to identify and prevent the risk of abuse or neglect and to stop from happening.'' Another member of staff said, ''Safeguarding is making sure that the service users have personal care, are clean, comfortable, free from injury, fed and have plenty of drinks. My role is to advise the office if things are not right and report any suspicions of abuse. I also need to make sure service users get reassessed if it is warranted. Yes had the training.''

The risks to people's safety had been assessed and recorded. These risk assessments were regularly reviewed and updated. People's views were included as part of the risk assessment. The risk assessments included information about the person's environment, the equipment they used, their physical and mental health, medicines, moving safely and nutritional risks. The assessments included a management plan to say how the risk would be reduced and the actions required by staff to support the person.

People received their medicines as prescribed. People told us they were happy with the support they

received around taking their medicines. The medicines people were taking were recorded in the person's care plan and risk assessment. There was an assessment of risk relating to medicines for each person, including those who did not require support with these from the agency. There were details regarding the level of risk for each person, for example if their medicine needed to be taken at exactly the same time each day, if a missed dose might cause serious harm and if they were particularly vulnerable.

The staff received training in medicines administration. They told us this was very thorough and they had learnt a lot from it. One member of staff told us, ''The trainer gave us her card and told us if we think of any questions in the future we should ring her.'' The provider assessed staff competency at administering medicines as part of the training and their induction. They also assessed them through regular spot checks, (unannounced visits to observe care being delivered). There was a record of these assessments and we saw that where concerns had been identified the staff had received additional training and supervision. The staff recorded medicines administration and the records of these were checked by senior staff. We saw that where discrepancies in recording had been identified these were investigated and action had been taken. The action included staff receiving additional training and supervision, and where the concerns were serious or repeated disciplinary action had been taken.

There were enough staff employed to care for people and meet their needs. The provider told us they recruited staff continuously and allocated the care workers to work with each person. The senior staff in the office were responsible for allocating work to make sure each person received the care visits they needed. People using the service told us, records and other information received by the Care Quality Commission indicated that care staff did not always arrive at the same consistent time for each visit. However, the provider had a system for identifying the most vulnerable people who used the service, for example those who lived alone, those with time specific medicines and those with complex medical conditions. The provider's contingency plans to be followed in emergency situations such as staff shortages and adverse weather conditions ensured that the most vulnerable people received care as a priority. The manager, senior office staff, area managers and managing director told us they were all appropriately trained to provide care if needed. They gave an example of how they had supported the care staff to make sure all visits were carried out during snowy weather conditions.

The provider's procedures for recruiting staff were designed to ensure that only suitable staff were employed. New staff were invited for an interview and written test at the agency office and then checks on their suitability were made. These checks included their eligibility to work in the United Kingdom, criminal record checks and references from previous employers. The staff files we viewed for the staff who had been recruited by Care Outlook Limited included evidence of thorough recruitment checks including a record of the interview. Some of the staff had previously worked at other agencies, and as part of the change of the London Borough of Hillingdon's change of contracted care, the staff had been transferred from their previous agencies to work for Care Outlook Limited. The required legal transfer documents and checks were undertaken and we saw evidence of these within the staff members' files.

The staff told us they had seen the job advertised on the internet, learnt about this through a friend or transferred from another company to work for Care Outlook (Hillingdon). They told us they had completed an application form and attended an interview with the manager. All the staff had provided two referees and completed an application for a criminal records check. They said they had completed a written test as part of the recruitment procedure. One member of staff who had worked at another care agency and transferred to Care Outlook told us, '' I did have a meeting with the director and human resources department prior to transferring and they applied for an up to date criminal record check before the transfer date which I received. I filled in some forms and did give references.''

Good

Is the service effective?

Our findings

People had consented to their care. We saw that people had been asked to sign their care plans as a record of their agreement to these. Where people were unable to sign but had given verbal consent this had been recorded. Some people did not have the capacity to consent and we saw evidence that their representatives had been consulted and had signed their agreement.

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

The staff understood about their role with regards to the MCA. Some of the comments the staff made were, ''The Mental Capacity Act 2005 is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment'', ''I listen to the service users' needs, and I respect service users'' rights, choice and privacy'', ''This Act protects people with dementia or illnesses that prevent them from looking after themselves so that someone can take over and ensure they are cared for properly. ie Power of attorney if they cannot deal with their own finances. I have had training'' and ''The Mental Capacity Act looks at how decisions are made concerning adults. I am currently taking the second level where I will study and training on the training of Mental Health.''

People were cared for by staff who were appropriately trained and had the information they needed to carry out their roles and responsibilities.

When the staff started work at the service they were given a handbook which contained information about the company including their values, a summary of some procedures, for example lateness and absenteeism, holiday entitlement, sickness and injury, use of social networks, confidentiality and safeguarding people. There were also general terms and conditions, information about health and safety and an equal opportunities statement. Most of the staff said that they had the information they needed to carry out their role. For example one member of staff said, ''We read the policies and procedures, the agency gives us a handbook with the information we need'' they went on to say, ''We read the care plans for each client we care for so we know how to look after them.'' Another member of staff told us they had not seen company policy or procedures. Another member of staff said, ''I have all information needed to take care of services users. I do have the necessary information about the agency and its policies and procedures.''

The branch manager told us that new staff completed a four day classroom based induction training which included written tests of knowledge and observation of staff practical sessions in moving and handling people and administration of medicines. Following the training new staff shadowed experienced staff for a

minimum of 12 hours, depending on their previous experience and competencies. We saw records to show that new staff had been assessed as part of this shadowing. The experienced staff had recorded their competencies in specific areas of the role. We saw records of induction training and evidence of competency assessments as part of this. The staff who had transferred from other organisations were given a training update in some areas such as moving and handling people, safeguarding adults and medicines administration. The branch manager told us the agency's computerised monitoring system identified when training was due for updates for each member of staff. The provider arranged training sessions at one of their branches and used a dedicated training provider.

The staff told us they had completed an induction with the agency. They described this as five days class room based training and at least three days shadowing experienced members of staff. They told us this training was useful and helped them to understand their role. One member of staff said, ''I had training in health and safety, safeguarding adults, moving and handling and medication. It was very useful for my role, I remember what I learnt.'' One member of staff told us they had worked for a different care agency and transferred to Care Outlook when their previous agency lost the contract with the London Borough of Hillingdon. They said, ''There was no induction other than going through the existing client list I covered and they kept the promise that we all kept our same clients that we were already caring for. There was no training at that time but I have had training since which was useful because things change so it is useful to be updated.'' Some of the other comments from staff were, ''I had an induction for two weeks which included a nurse giving medication training. I found this very useful and I had the training before I started work during two weeks'', '' I have training in stoma bag and medication and last month I have training about moving and handling. If I want training in a particular area the agency will provide this'' and ''I had a revision about the medication care of service users, and manual handling training.''

The London Borough of Hillingdon quality assurance officer visited the service on 15 April 2016 and shared their report with us. They examined seven files relating to staff training and support. They reported that they did not find evidence of appropriate training for all staff. They had recorded that the branch manager had said that not all training certificates were kept in files but they had other evidence of staff training. They also found that one file included evidence that a need for one member of staff to receive training in dementia and autism had been identified in November 2015 but had not been arranged at the time of the visit.

People were cared for by staff who were regularly assessed and supervised. The staff files and those for people who used the service contained evidence of regular ''spot checks.'' These unannounced checks made by senior staff at the agency observed how care workers supported and cared for people during a care visit. Each member of staff had been observed regularly. The observations included a record of how the person receiving the care felt about the service and care worker and how well the member of staff performed. We saw evidence that where there had been a problem, for example the staff had not administered medicines in a safe way, this had been followed up by additional supervision and training for the member of staff.

All the staff files we examined contained evidence of recent office based supervision or appraisals. Although the frequency of these meetings indicated that they were not always regular for all staff. Some of the staff commented that they did not have regular supervision meetings, however they all said they could contact the office staff or manager for advice and support if needed. Two care workers who we met on the day of the visit told us they regularly visited the agency offices and could speak with the manager then if needed. All staff visited the office regularly to hand in time sheets and pick up protective equipment. The provider told us that all the care provided by the branch was in the postcodes local to the office so no member of staff had to travel far to visit the office if they needed.

The London Borough of Hillingdon quality assurance officer's report found that two of the seven staff files they looked at did not contain an appraisal. They also found that issues identified regarding the poor practice of one member of staff in 2015 were not appropriately followed up and the staff member did not have an increased level of supervision which had been identified as required by the agency. They report that they had seen that the agency had received information regarding the poor practice of two members of staff from a person who used the service in May 2015. There was no evidence the agency had addressed these issues with the staff. However, the agency had been run from a different registered location at this time and the manager told us they had changed the way they handled and investigated concerns of this nature since moving to the location at Hillingdon.

Two members of staff said that they did not have regular meetings with their manager but that they could contact them on the phone if they needed. These staff told us they had annual appraisals and these were useful and their managers carried out assessments of their work when they were caring for people. Other staff told us they had regular meetings with their manager as well as annual appraisals. Some of the comments from staff were, ''I can see my manager as often as I need, I can always contact them. I had an appraisal and this was really helpful'', ''I have a total support from the Care Outlook whenever is required. I can speak to the manager any time I need. They do listen most of the time'', ''They are always there if I need them but I would like more meetings in the office with the manager'', ''The supervision and appraisals I have are useful, but they are not always regular enough'', '' Whenever I need to address issues about my work or any problem related to the service users I have never had trouble talking to my manager and my bosses'', ''I have had an appraisal with my manager and I think it is important to improve in my work and give the best quality to people we care for'' and '' I feel supported by the agency when necessary to deal any subject my manager listens to me and tries to solve the problem.''

The branch manager organised team meetings. We saw the minutes of the most recent meeting which included information for the staff about recording and reporting accidents, looking for early warning signs for changes in a person's health, the procedures to be followed when they were late for visits, confidentiality and also thanking staff for their hard work and contributions.

People who required support with eating and drinking received this from the agency. Some of the things they told us were, ''They help me with cooking. We cook a fresh meal, we cook together and work together'', ''They will prepare meals for me. Breakfast and dinner. I'm happy with it'', ''They help with breakfast, lunch and dinner. I can't complain, everything is fine'', ''Yes the carers help me with my meals. They always ask me what I would like to eat. They give me a choice of meals. My daughter buys me readymade meals and the carers heat these up for me in the microwave. They cook me fresh vegetables to go with my meal'', ''The carers prepare all my meals. They are ready meals and I'm happy with the meals'', ''Yes, I'm happy with the meals'', ''I have no complaints, I have my cereal for breakfast and a hot meal for dinner'' and ''The carer's heat up my food, whatever is in the fridge. If I want a sandwich then they make that for me.''

People's nutritional needs were recorded in their assessment and care plan. If they had a specific dietary need, allergy or intolerance this was recorded. We saw that the staff had completed a record to show that they had provided food for people who required this. The staff had received training in food hygiene and we saw evidence of this in their files.

People received the support they needed to stay healthy. Their health needs were recorded in the assessment and care plan. Where someone had a particular need there was also a fact sheet about this need, for example we saw one person had a fact sheet about Parkinson's disease in their care file. Another person had a fact sheet about dementia. Care plans included the details of healthcare professionals who were involved in caring for people and how they could be contacted. The provider's records of accidents

and incidents showed that staff had responded appropriately to medical emergencies by contacting emergency services, the agency offices and the person's next of kin. In one example the care worker had noted that the person they were supporting had accidently taken an additional dose of their medicines. The agency had contacted the person's GP and pharmacy to receive the correct medical advice. In another example the staff had noted that a person's bed was faulty. The provider had contacted the district nurse for advice as well as contacting the manufacturers of the bed. The staff recorded information about people's health and wellbeing in daily care notes. We saw that they had reported any concerns about people's health to the office staff. The staff we spoke with told us what they would do if they were concerned about someone's health, this included monitoring the person, recoding the information for others to see, informing the agency office and the person's next of kin and if necessary calling emergency services.

Good

Is the service caring?

Our findings

People told us the staff were respectful and treated them with kindness. Some of the comments we received were, ''The carers are very respectful and caring'', ''My carer is a lovely girl, best one I have ever had. No complaints. She respects me, makes sure my door is closed when I have a shower'', ''They are very, very nice, all so lovely. Very caring. They keep the door shut always when I'm getting a wash. They are all very, very good'', ''They always ask if there is anything they can do to help me'', ''The girls are pretty good, some of them are young and they don't know what to do, they listen to me , I just tell them how I like things done and they do it'' and ''The carers are lovely, I can't say enough about them. My current ones are fine. Honestly they are great. They help with what I need, they understand. I couldn't be happier now.''

People told us the care workers were caring and they had good relationships with them. Some of the things people told us were, ''I am very lucky. The girls are very obliging. They undress me, get me my tea, give me a shower, respect me. I have a great time, they are very caring, chat to me'', ''They are very good with my dignity and privacy. If you are having personal care then you need to feel easy and comfortable otherwise it would be awkward. I have the same carers and they are familiar to me'', ''The carers are always very nice. Very nice people. I like to chat to them and they give good company. I tell them jokes, we get on well with each other. My neck is quite bad at the moment and my carer massaged my neck over the weekend. She offered to do it. I feel very close to her-I feel like I can ask her anything'', ''The carers are good now, since the last couple of months. I can't complain about them at all. They are very nice. I have the same carers now all the time'', ''The carers are lovely, delightful'', ''I have no complaints. Lovely girls'', ''The carers are good, caring and helpful. They do what they can'' and ''I am very grateful for the girls. They are very nice and make time to chat and talk.''

The staff told us they enjoyed their work and looking after people. One member of staff said, ''I love making a difference in people's lives.''

The staff told us they had received training about dignity and respect. Some of the comments from staff were, ''Dignity is dealing with service users independently of their religion, colour, social status in the same way'', ''I have had training around dignity and respect'', ''I care for one person who does not speak English. But I try to communicate with her the best way I can. And I respect her very much and deal with her in the same way as the other service users'', ''We need to treat all clients with dignity when doing personal care and respect their wishes if they are able to speak for themselves. Always ask the client what they want and not to embarrass them when carry out personal care ie pad changing'', ''We should respect people and treat them with dignity regardless of their social conditions of their religion and their race. I have had training about this'' and ''I care for a person who is blind and does not speak nor hear and has difficulty walking. I talk to them through the touch of hands. This experience is the most rewarding job I could have.''

People's care plans included information about their ethnicity, language, religion. The care plans also included information about people's skills and abilities and where people should be encouraged to be independent.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive care that reflected their needs and met their individual preferences, because the care was not delivered at the same time each day and sometimes people had to wait for food or care without knowing when the care worker would arrive.

Some of the people we spoke with told us the care workers were sometimes late for care visits, or did not stay for the agreed time. Some of the comments from people who used the service and their relatives were, ''Sometimes they are late. If it is a non-regular carer then they don't stay the extra time to make it up. Only my regular carer does. The weekday carers prepare my meals and stay for the whole time. The carer on Saturday does not stay for the 15 minutes, they just give me my medicine and then leave'', ''My regular carer is on time and stays for the whole time. My carer on the Sunday is supposed to come for 30 minutes but they don't stay the full time. They are supposed to log in and out but they don't. It can be different carer every Sunday and they come late. Sometimes they can be up to an hour late. The carer never phones to tell me if they are coming late'', '' They can be late but it's not their fault. The other clients can take longer so they can be a bit late. It only happens now and then and I understand why'' and ''They do stay the full time, but timekeeping is a bit erratic. I think they are short on carers usually happens over the weekends. I have the same carer Mon-Thurs but on the weekend it's a different carer. If they are running very late they will phone. Usually it's the traffic and if they are late just by a bit they won't phone.''

We looked at the records of care delivered for the people whose care plans we examined. In some cases we saw that in March and April 2016 there were considerable variances between the timings of visits. For example, one person's care plan stated they should receive a call at 10am every morning and 7pm every evening. From the 1 – 12 April 2016 only three of their morning calls were at 10am, the earliest visit was at 9.15am and two days before this the visit had been at 11.41am. The earliest evening call during this period was at 5pm and the latest at 8pm. Four of the visits during this period were before 6pm. In another person's care plan their planned visits were 9am and 5.30pm. During the period 22- 27 March 2016 there was a four hour variance between the timings of the evening visit with one visit taking place at 1.30pm. A third person's planned care visits included a visit at 9am to help the person get out of bed and a visit at 7.30pm to help the person go to bed. The person was not able to move independently and required staff to move them with a hoist. On 1 April 2016 the person received their evening visit at 10.30pm, therefore they were unable to go to bed until this time. The time of the evening calls varied between each visit so the person was not able to predict when the care workers may arrive. For example, the day before the care workers had arrived to support the person to bed at 6.10pm. On one occasion the care workers arrived at 3.30pm to provide the person's evening meal. They then returned at 6.25pm to help the person to bed.

The London Borough of Hillingdon Quality Assurance Office visited the service on 15 April 2016 and they shared the report of their findings with us. The local authority had identified a number of missed visits where people did not receive their care as planned. The provider was investigating these and due to share the findings of their visit with the local authority in May 2016.

Healthwatch Hillingdon told us they had received some concerns about the agency. Some of these included

care workers arriving late for care visits. The relatives of some people had told Healthwatch Hillingdon that when care workers were late people did not receive the care they needed at the right time, for example they were given meals later than they wanted, they did not always have their medicines at the same time each day and they sometimes were not able to get washed and dressed at a time they wanted. One relative had told Healthwatch Hillingdon, ''The carers never turn up on time, many times they are two or more hours late.All they have to do is help get (my relative) up and washed, but many times (my relative) does not get ready until lunchtime, because the carers are late.'' Another person had spoken with Healthwatch Hillingdon to tell them that the relative who received care from the agency had a different care worker each visit and therefore there was no continuity of care.

Some of the staff told us there was not enough time to travel between people and this meant that they were late for visits. One member of staff told us, ''There is no travel time and I do not have enough time for some calls. I have flagged this up and some calls have been updated and more time allocated but this always takes too long.'' Another member of staff said, ''Sometimes we do not have enough travel time between visits and some services users do not have enough time.'' A third member of staff commented, ''They need to get better at doing rotas as timings are so often not workable and it is impossible to keep to the schedules.''

One longer serving member of staff told us they felt new staff were not always supported to care for people who had dementia. They told us, ''(Care Outlook) need to improve on training with new carers especially dealing with those who have dementia and cannot really tell you what they want. New carers need always to be sent into those clients with the regular carer so that they can be shown and have things explained to them.''

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had experienced problems with the timing of care visits in the past but felt they had made improvements in this area. Some of the feedback from Healthwatch Hillingdon was about events that had happened some time ago. However, our own inspection findings indicated that there were still a number of care visits which did not take place at the same time every day. The provider told us they would look at this issue further. They said that recent recruitment of more permanent staff meant they would be better able to ensure care was delivered by the same regular care workers at the same time each day.

Some people experienced care that was on time and the majority of people who commented about late care or unfamiliar care workers said that this happened at the weekends. People told us their regular care workers met their needs and did everything they were supposed to do. Some of the comments we received were, '''The carers stay for the full hour. They help me with my lunch and do any shopping I need. If there is housework I need doing like the laundry they will do this.' 'They are on time and will call if they are running late'', ''Yes they do what they have to do and it gets done'', ''The carers stay for the full time. They carry out all their duties. Can be taking out the rubbish or giving me a shower. They keep to time and will always phone if they are late'', ''My current carers are fine. They help me with my breakfast and lunch'', ''My carers stay for the full time, their timekeeping is mostly fine. They phone to let me know if they are coming late'', ''Since the agency changeover about a year ago, things are better'', ''They will let me know if they are going to be late. Timekeeping used to be awful they would turn up at 6am when I was still in bed. It was quite bad. It has got much better. They are on time now'' and ''I have no complaints, everything gets done and they always ask if I need anything.''

Some of the staff told us they had enough time for each of the visits and to travel between these. One care

worker said, '' I have enough time to travel between my calls and I have enough time with each service user.''

The staff told us that they usually cared for the same people and they enjoyed this. The staff who had been transferred from other agencies had continued to care for the same people, some for many years. One member of staff told us, ''I usually have the same service users, but some times, I am asked to cover other people's calls.''

The care workers supported people who lived in a specifica postcode area in order to reduce the amount of time it took to travel between different care visits. The provider told us the senior staffing team also worked for a specific geographical area. They told us this helped reduce some of the problems caused by staff traveling long distances and provided a clear organisational structure of senior staff overseeing a group of care workers.

The provider used a computerised electronic monitoring system to make sure care visits were being delivered and to monitor the time of these. They told us the system indicated when staff were late arriving for a visit or did not stay the agreed length of time.

People told us they had a care plan, they had been involved in creating this and they were happy with the plan. One person said, ''I have a care plan. When I call the agency there is always someone available, they do review it.'' Another person told us, ''I have a care plan, it is reviewed once every six months. I live with (my relative) and he is involved in my care too.''

People using the service were given a file of information which they kept at their homes. This included a copy of their care plan and risk assessments. The file also included a guide to the agency, which contained the statement of purpose, the provider's aims and objectives, information about confidentiality, assessments, how to make a complaint, the organisational structure and numbers to be contacted in event of an emergency.

The provider carried out an initial assessment of people's needs which included meeting with them and their representatives to discuss their care needs. The provider then created a care plan. Care plans included information about people's needs and how the staff should care for them. These included a plan of when they should deliver the care, the objective of the care and people's individual preferences. There was detailed information which was specific to the person and how they liked to be cared for. This included information about keeping them safe and supporting them to do things for themselves where they were able.

We saw that people's needs were reassessed when there had been a change in their circumstances. For example, one person had returned to their own home following a stay in hospital. The agency senior staff had visited the person to reassess their needs and had recorded any changes in these or the care to be provided.

We looked at the logs of care the staff had recorded at each visit. Although the times of these calls did not always reflect people's preferences and needs, we saw that care was provided as described in the care plan.

People were able to raise concerns and complaints and felt they would be listened to. Some of the comments from people who used the service were, ''They listen to me and respect my choices. We work together, and if I was worried about something I would tell the agency'', ''I feel comfortable talking to the agency'', ''I have not needed to make a complaint but I would speak with them if I did'', ''I have had no concerns but if I needed to I would talk about it. If I had to I would'', ''I would feel comfortable to discuss any

complaints'' and ''I have raised concerns and complaints in the past and have had to call the agency. They have listened to me and acted to sort the situation out.''

Some people had made formal complaints. One person did not feel happy with the response they had received. They told us, ''I have raised a concern in the past and it was not listened to. They seem to forget and never phone back.'' However, the other people we spoke with did feel they received a satisfactory response. Some of their comments were, ''I only once made a complaint, I was listened to and happy with the outcome of the complaint'', ''I have made a complaint, they listened to me and the care worker I was unhappy with never came back'', ''Last year had a dispute, I made a complaint. I was listened to'' and ''A few months ago I made a complaint. The timekeeping was bad. The agency listened and it has improved now. It is good now.''

We looked at the provider's record of complaints. There was an overview of this so that the nature of the complaint, how this was resolved and how long the investigation took was recorded. The log was clear and we saw that all complaints had been investigated and responded to promptly. The majority of complaints had been about time keeping or missed visits. We saw that the provider had carried out a thorough investigation which included speaking with the person, talking with staff and looking at records. There was a copy of the letter the branch manager had sent to the complainant following the investigation. These were detailed and showed the action that had been taken to look at the concerns and the outcome of this. Where complaints were upheld there was evidence the provider had taken action to reduce the risk of reoccurrence. For example, providing additional training and support for the staff or taking disciplinary action and in some cases terminating their employment. The branch manager had provided a written apology to all complainants and an explanation if the complaint was not upheld.

Requires Improvement

Is the service well-led?

Our findings

The majority of people who we spoke with commented that they were satisfied with the overall service they received. Some of their comments were, ''It is a good service. Everything is good'', ''I feel alright with the service overall. 'Nothing I can think of to improve'', ''The service is okay, 'they could improve it by letting me know if the carers are running late'', ''It is a marvellous service'', ''It is a pretty good service'', ''The time keeping was bad in the past, but it has improved now'', ''The service is fine'', ''The agency is good now, it has improved a lot'' and ''At the moment it is okay, the general level of care is good, they need more carers.''

One person was not happy with the service. They told us, ''it is not a very good service. The carers are good but the office is not. They need to have manners, this is what they could improve. We have care because we are not well. They need to treat us with respect. Just because I am old does not mean I am stupid.'' Another person said they thought, ''The agency is taking on too much, they are struggling, and they struggle to keep staff. There are not enough staff.''

The majority of staff we spoke with told us they were happy with the way in which the service was managed. However two members of staff felt the service was not well-led. One of them told us, ''The only thing I like about the job is I am helping others. As for the company itself I do not think they listen, they do not give enough work to me and they are behind with pay.''

The members of staff who were generally happy with the way in which the service was managed and their work still felt some improvements were needed. Their comments included, ''The office staff do not communicate very well many times you cannot get anyone to answer the phone. The on call service is particularly appalling. They do not answer the phone in the early mornings which is most frustrating if you need help'', '' I do not always feel supported by the agency as they are very busy and sometimes it takes several attempts to get someone to do things like reassessing clients to get increased time. But you can speak to the manager if you need'', ''I think that the agency would improve if they gave staff more regular supervisions and were more organised. And especially I think they must pay more per hour'' and ''I feel the agency sometimes lacks organisation and we could have better supervision. Also I think agencies should pay more per hour because our service are too much risk and responsibility, because the life of the service users is in our hands.''

The registered manager was the provider's director of operations and their role included overseeing the running of a number of branches as well. The provider had employed a branch manager who ran the branch on a daily basis. This person was in the process of applying to be registered with the Care Quality Commission. The branch manager had previous experience of managing other domiciliary care agencies and had a management in care qualification. The staff told us they could speak with the branch manager whenever they needed, that they were available at the office and on the telephone and that they offered them support when they wanted additional help or advice. One member of staff told us, ''They always advise us to come and talk with them if we have any issues, I feel I can do this.'' Another member of staff said, ''I feel I can speak with the manager when I needed and I they listen me.''

The provider was a private organisation set up as a family business. We met the managing director who's father set up the business with the director of operations in 2005. Care Outlook Limited had seven branches across London and the South East of England, including Care Outlook (Hillingdon). The provider told us they regularly visited the branches and were involved in monitoring the service. The provider spoke passionately about the work of the agency and the reasons they wanted to run this type of service.

The provider told us they felt there was a strong positive culture in the agency where the staff followed the company values. They told us they provided additional financial support for staff who required loans for a specific need. The staff were given information about the provider's aims and objectives and values in their handbook. The staff we spoke with did demonstrate a commitment to supporting the people they cared for. For example some of the comments we received from the staff were, ''I like to care for people, talk with them, and provide the best care I can'', ''My job is so rewarding helping people'' and ''I may be the only person visiting my clients that day and I try to give my best for that time'', ''I like looking after the elderly helping them plus it gives me the freedom of the number of hours I want to do'' and ''I have passion for my work because I like what I do and always give my best.''

Care Outlook Limited was awarded a contract by the London Borough of Hillingdon to provide care in the borough as one of their four preferred providers in 2014. The service was originally managed from another branch of the organisation and the current location was registered and started operating in September 2015. A large number of people who used the service were previously receiving care from other agencies. Care Outlook Limited started caring for these people when the contract was given to them and the staff also transferred to work for Care Outlook Limited. This meant that some of the staff who worked for the agency had been recruited and trained by other agencies before they started working for Care Outlook Limited.

The London Borough of Hillingdon quality assurance officer visited the service on 15 April 2016 and they shared their report with us. They told us they felt the service had improved, but there were still some areas that needed further work in order to meet the borough's contractual agreement. They found that not all records were complete. For example, they looked at the care records for four people who used the service. They found that one care plan was dated November 2014 and a more recent care plan had not been placed on the person's file. They also found that some of the risk assessments they viewed lacked detail. The London Borough of Hillingdon quality assurance officer found that two of the four files they examined did not contain evidence of quality monitoring checks for those people. They found that two of the seven staff files they examined did not contain evidence of reference checks during recruitment. They asked the provider to respond in writing with an action plan by 15 May 2016. The branch manager told us they had already started auditing all care records and staff files and they were following up where information was missing.

The records kept by the agency were generally well ordered. During our inspection visit we saw that records we viewed were up to date and contained the required information, with the exception of a small number of discrepancies which we informed the branch manager about. These included the wrong name in one part of a care record, (this had been crossed out but was still visible), a record where information had been wrongly copied from another plan and did not apply to the person and a small number of records which had not been dated.

People's care was regularly monitored and they were able to give their feedback on the service. We saw that the provider arranged for regular spot checks on all staff where they carried out an unannounced visit to observe how people were cared for. The records of these spot checks included feedback from the person about how they felt about the service. We saw evidence that where people had raised a concern or requested a change this had been responded to. In one example we saw that when the change had been

made the provider checked back with the person about this and they were happy with the change. In addition to spot check visits we saw evidence that the agency office had visited people or telephoned them to discuss their care and allow them to feedback about this. People's care plan was reviewed annually (or more often if a change occurred, for example a return from a stay in hospital). These reviews were conducted by a senior member of staff visiting the person in their home and reassessing their needs with them and their representative. There was evidence of reassessments and updated care plans in the files we examined.

The provider told us they carried out a satisfaction survey checks each year by sending surveys to people who used the service and their representatives. There had not been a survey since the branch was registered and the provider told us they were due to carry this out shortly after the inspection.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that care and treatment of service users met their needs and reflected their preferences. Regulation 9(1)(b) and (c)