

Care Outlook Ltd

Care Outlook (West Wickham)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 5 and 6 April 2016. At the last inspection of the service on 2 June 2015 we had found breaches of legal requirements in respect of staff recruitment, quality assurance and arrangements to obtain people's consent.

Care Outlook (West Wickham) provides support and personal care to people in their own homes. At the time of our inspection approximately 192 people were receiving care and support from this service. The service operates in the Croydon and Bromley local authority areas and provides packages of care for the local authorities and people who make private arrangements.

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

At this inspection we found that although the provider had made improvements to the recruitment system and quality assurance processes there were continued breaches of these regulations. We also found breaches of regulations in respect of safe care and treatment as risks to people were not always identified in respect of their care and treatment. Guidance was not always available for care workers on how to reduce risk. Medicines were also not always managed safely. You can see the action we have asked the provider to take at the back of the full version of this report.

People and their relatives told us they felt safe and well cared for. Staff had received training on safeguarding adults. They knew the signs of possible abuse and were aware of how to raise any concerns. There were enough staff to meet people's needs in a safe way. Care workers told us they had enough time to travel between calls and people told us carers stayed the full length of the call.

Staff received training and told us they received enough support but some improvements were required to the arrangements for training and care workers knowledge of their responsibilities under the Mental Capacity Act 2005. People told us they were asked for their consent before care was provided. They were involved in making decisions about their care wherever possible and were supported to be as independent as they could be. They said care workers were caring and kind and that their dignity and individuality were respected. Where people were supported to eat and drink they were asked about their food and drink choices and their preferences were recorded. The registered manager told us any concerns were notified to family members. People were supported to have access to a range of health professionals if needed.

An assessment of people's needs was completed before they started with the service and individual support plans detailed the care or support to be provided. Care workers told us these were regularly updated if there were changes in people's needs. People knew how to make a complaint if they needed to and these were investigated in line with the provider's policy.

The provider had addressed most of the issues identified at the last inspection. Regular spot checks on care workers were carried out to ensure care was provided as agreed. The previous branch manager had been absent from the service for long periods since the last inspection. There was a new branch manager who had recently joined the service. The provider, registered manager and branch manager showed a commitment to address the issues we identified. Care workers told us the service was well run and the new branch manager was approachable and supportive. The provider sought the views of people using the service through direct contact, by phone and visits and an annual survey.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. Some risks to people were not always identified or assessed and guidance was not always in place to reduce these risks. Medicines were not managed safely and people did not always receive their medicines as prescribed. Recruitment processes had been improved but were not effectively operated to ensure people were protected from the risks of unsuitable staff.

People told us they felt safe from abuse and discrimination and staff knew how to report any concerns.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff training required some improvements to ensure that all staff had the necessary skills to safely met people's needs.

People told us staff asked their consent before they provided care. Staff worked in the spirit of the MCA but did not always demonstrate full understanding of the Code of Practice for MCA.

People were supported to have enough to eat and their dietary requirements and needs were identified in their support plans.

People were supported to access health professionals where this was appropriate.

Is the service caring?

Good ●

The service was caring. People and their relatives spoke positively about the care and support provided. They told us they had the same regular group of carers and that they were caring and kind. People said they were treated with dignity and respect.

People told us they and their relatives where relevant had been involved in making their support plan when they started using

the service and were involved in any changes. They said they were asked for their views about the service.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and had individual support plans that detailed their needs and preferences.

People told us they knew how to make a complaint if needed and the complaints policy and procedure was available to them. Complaints were handled in line with the provider's policy and procedure.

Is the service well-led?

Requires Improvement ●

The service was not always well led. There had been some improvements to aspects of quality monitoring but the system to monitor risks needed improvement.

Some people told us they felt the service was well run; some people thought it had improved recently. The provider had addressed most of the issues we identified previously. Staff were positive about the new branch manager. The provider sought feedback from people, about the service through quality monitoring checks and an annual survey. □

Care Outlook (West Wickham)

Detailed findings

Background to this inspection

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

The inspection took place on 5 and 6 April 2016 and was announced. We told the provider before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected.

Before our inspection we reviewed the information we held about the service which included any notifications. A notification is information about particular events, related to the running of the service, that the provider is required to send us by law. We also contacted the local authority who commissions some contracts with the service to gain their views.

The inspection team consisted of two inspectors who had the support of an expert by experience with phone calls to people who used the service or their relatives where appropriate. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office for the service; we spoke with the registered manager, the branch manager, the provider, the trainer, three members of the office staff, three care workers and a relative. We looked at fourteen support plans, six staff files as well as records related to the running of the service such as the service guide, policies and procedures. We visited four people in their own homes, two of whom had their relatives with them, to ask them their views. The expert by experience tried to speak with twenty five people by phone but was only successful in speaking with eight people who used the service or their relatives. As part of the inspection we also spoke with a further four care workers by phone after the inspection and a quality monitoring officer at the service.

Is the service safe?

Our findings

Medicines were not safely managed. Risks in relation to medicines management were not always assessed or guidance provided for care workers to reduce risks. For one person, medicines errors had occurred due to missed calls or calls occurring too close together and the risks in relation to medicines had not been identified or assessed. The policy in respect of medicines errors had not been followed. For another person where there was a possible medicines error recorded by a relative, the care workers had not followed the medicines policy to report the concern.

People had medicines risk assessments and were assessed for the level of support they needed. People's medicines were listed in the assessment but there was no guidance for staff about what the medicines were for, or the signs of possible side effects from the medicines, or the risks if the medicines were not administered or taken as prescribed. For one person who care workers prompted with medicines, the risks from their health condition were not identified and the prescribed medicines were not recorded to guide care workers in an emergency. For another person their medicines risk assessment stated that medicines were not administered but care staff. However, we found medicines administration records were being completed to show care workers administered their medicines in contradiction to the risk assessment guidance. Where people's assessed need for support was being prompted to take their medicines care workers did not always record that they had prompted the person with their medicines in the communication log. There was therefore a risk that other care workers may not be aware they had already been prompted.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines administration records were being completed where care workers administered medicines and these were returned to the office to be checked. They were checked during quality monitoring visits to ensure they were completed correctly.

Other risks to people had not always been identified or assessed and adequate steps had not always been taken to reduce risk and protect people from harm. In one local authority the provider ran a call monitoring service. This alerted the office to any late running calls. We saw the service had worked to improve the consistency of care workers using the system and to ensure that people received their care as identified in the support plan. The recent commissioning in February 2016 commented on the improvements with this service. However missed and late visits had not been promptly identified for someone using the service in the other local authority where no call monitoring service was provided. The system in this authority was dependent on care workers and office staff reporting any problems in people receiving their calls when they should and there were three occasions for one person when this system had not been followed. There was therefore a risk in an emergency that people who were unable to call the office for help themselves may not receive the care they needed and this may not be identified in a timely way.

There were risk assessments for some possible risks, these included health and safety risks, risk of falls and

risk to skin integrity. There were also separate risk assessments for fire, manual handling and medicines management. However the risk assessments for four people did not identify risks from their respective health conditions or other associated risks. For example, one person was recorded to be at risk of malnutrition, dehydration, falls, vertigo and wandering but these risks had not been assessed. There was also no guidance for care workers on how to manage these risks. For three other people where risks had been identified there was insufficient guidance for care workers on how to reduce these risks. For example, for one person staff had no information on the type of diabetes they had and so had insufficient guidance in an emergency to understand if it was controlled by diet or insulin.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these risks with the registered manager and branch manager who made arrangements to review the risk assessments and support needs for the people we identified and these were sent to us following the inspection.

There were some areas for improvement in communication about late calls. Three people commented that the office did not always contact them if their care worker was running late and that at the weekends the timing of calls varied more. One person commented "The administration is nowhere near as good as the carers; we would have doubted having the company if it wasn't for the care."

There were some arrangements to deal with emergencies. The provider had a business contingency plan to deal with a variety of emergencies. There was a system to identify and prioritise people in an emergency in relation to their needs. Staff received first aid and fire safety training and the first aid training was regularly refreshed. There was an out of hours service managed by staff employed by the service. Care workers confirmed that there was always someone they could speak with for support and advice about any issues in the evenings and at weekends.

At the last inspection we had found safe recruitment practices were not always followed. At this inspection we found that the provider had made some improvements to their recruitment practices. They had amended their application form so that applicants could provide their full employment history. Applicants were now asked about gaps in their employment history at interview. However we found that personal references for two new staff members had not been verified and that a risk management plan for a new employee and checks on their induction completion had not been followed to monitor for possible risks to people using the service.

This was in continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's needs. People told us that their care workers were usually on time. One person said "They are very reliable." Another person told us "If someone can't come the office rings and I get a replacement person." People told us their care workers usually stayed the full length of the call and sometimes a bit longer if that was needed. One person said "They always stay for the time they should." A relative told us "They are good like that and will stay if there is a problem to sort things out." Care workers all stated that they had time to travel between their visits and that they could cover each other's calls in an emergency or for planned holidays. The registered manager told us they only took on new packages of care when they knew they had the staff to meet people's needs.

People told us they felt safe from abuse, neglect and discrimination. One person told us "I am perfectly safe

they don't take advantage." Another person said, "Oh yes definitely very safe." Most people we spoke with and their relatives told us they had the same small group of carers who they knew well. One person said. A relative told us "I am happy that (my family member) is safe with the care they get. I have been there and seen for myself." Care workers showed knowledge of the various signs of abuse and what to do if they had any concerns. The manager knew how to raise a safeguarding alert with the local authority if needed. Our records showed the service had cooperated with safeguarding investigations raised since the last inspection and raised an alert appropriately with the local authority themselves. People told us their care worker had an identification badge so that people would know they were from the service.

Is the service effective?

Our findings

People told us that they thought staff were trained and knew what they were doing. One person commented, "They know what to do, they are competent not a problem. I get the right treatment at the right time." However, we found there were some areas for improvement. Checks to ensure new care workers had completed their shadowing and were skilled enough to carry out the work had not been completed or signed off for one person as required by the provider's policy.

We were told dementia awareness training, learning disabilities awareness and training on the Mental Capacity Act 2005 was provided at the induction; there was no refresher training unless a need was identified. Three care workers told us they needed more training in these areas to help them support people more effectively. Office care coordinators did not receive refresher training on adult safeguarding and the provider and registered manager agreed that they should be included in future refresher training in these areas.

Care workers received refresher training on medicines management and a competency check to ensure they were safe to administer medicines. They also received refresher training on safeguarding adults, manual handling and first aid; we were told any other refresher training was provided on an individual needs basis.

The trainer told us that the service had a new induction programme based on the care certificate, (a recognised qualification for new workers in Health and Social care) and that new staff completed a week of training and a period of shadowing and competency checks and were then signed off as ready to work on their own in the community. We confirmed this from records and in discussion with new care workers. Additional training was provided for aspects such as catheter care. Care workers told us they felt they had enough support to carry out their roles. They told us they received regular individual supervision to discuss their role and annual appraisals. We confirmed this from staff records.

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.

At the last inspection on 02 June 2015 we had found a breach of regulation as there was no policy or guidance in place for staff on their role and responsibilities under the MCA or DoLS. There was no process in place to remind staff about what to do where people may lack capacity for some decisions or if a person's normal freedoms and rights were being significantly restricted. Some support plans had been signed by relatives when it was unclear if the person concerned lacked the capacity to make this decision or, if the relative had any legal authority to sign on their behalf.

At this inspection people told us they were asked for their consent. When we asked one person they replied "Oh gosh yes." Another person commented " They always ask me before they do anything if its ok." Care workers we spoke with demonstrated that they worked in the spirit of the MCA. For example, they asked people for their consent before they provided care and supported people to make day to day decisions in consideration of their needs. They told us any concerns were reported to the office. However they did not always demonstrate full understanding of the code of practice and their responsibilities under the code. We discussed this with the provider and registered manager who told us they would ask the local authority to carry out a capacity assessment for important decisions. The provider showed us information and the policy that had been provided to all care workers for MCA and DoLS; although the guidance for care workers was not always clear. We discussed these issues with the registered manager and provider and they recognised that the training provided could be improved to include more detailed training on responsibilities of staff to assess capacity and understand the assessment process and began to address this with their trainer following the inspection.

People told us that where it was a part of their agreed support plan, care workers involved people in decisions about their food and drink and offered them choices. One person told us "Yes I have the same breakfast every morning and they do ask me if I want to change, which is very thoughtful." Support plans recorded people's preferences and any cultural requirements and also reminded care workers to offer choices. Care workers told us any concerns about people's eating or drinking would be documented and they would notify the office who would, where needed, speak with relatives or health professionals to ensure the changes were communicated.

Relatives told us that the care workers kept them informed of any changes to their family member's health. One relative said "They are very good at keeping me in the picture." Care workers told us they would notify the office if they noticed people's health needs changed and we saw this evidenced in some daily notes. The branch manager told us they would contact the relevant family member or health professional if a need or concern was identified. Where appropriate the service worked with health professionals to ensure people's health needs were addressed. Contact details for relevant healthcare professionals were available on people's support plan records. We saw referrals were made to the GP, district nurses and occupational therapists where a concern had been identified. People and their relatives confirmed this was the case. A comment on a quality monitoring form remarked the care workers "take the initiative and make a doctor's appointment for example."

Is the service caring?

Our findings

People and their relatives told us, they usually had the same regular care workers who knew their needs. One person told us "I have the same people each time I don't want different people in and out of my flat." Another person said "Yes we have a laugh and I can discuss things with (the care worker)." A relative told us "They are caring, friendly and willing to listen." The service had also received compliments about the care provided through the quality monitoring checks. One recent compliment about the care worker stated "She knows exactly what to do and she is very reliable,... and (my family member) looks forward to her visits." Another comment stated, "wonderful carers with a great sense of humour."

People told us their care workers treated them with dignity and respect. People said care workers ensured curtains were drawn and doors closed during personal care and that their possessions were treated with respect. People told us they were supported at their own pace. One person said "They don't rush me I go at my own pace." Care workers explained they tried to ensure people's dignity was considered at all times and gave examples of how they might do this by covering people up as much as possible when providing personal care. They showed awareness of the need for and importance of confidentiality.

People and their relatives confirmed they were involved in decisions about their care and support. Care workers told us that care plans were promptly reviewed if someone's needs changed and that the care plans reflected people's up to date needs. Relatives said they were kept advised of any changes and we saw relatives used the communication log if they needed to pass on a message. People were provided with advice about the service when they joined and this explained what people could expect from the service.

People told us their independence was encouraged and we saw this was reflected in the guidance in care plans. For example care plans explained what aspects of personal care could be safely managed by people and what they needed support with. One person told us, "They do help me to try and do more for myself." Another person commented "They do encourage me to do what I can." People's diverse cultural and spiritual needs and human rights were addressed. We saw care plans addressed people's cultural needs for example with regard to people's diets, or personal care routine. People told us their individual needs were met. One person with a visual impairment told us how the care workers described their clothes; "When I am getting dressed they are telling me what they are putting on me." Relatives told us that care workers were sensitive to people's individual needs and sought advice about how these could be best met.

Is the service responsive?

Our findings

People or their relatives told us that an assessment of their individual needs was carried out when people joined the service, to check their needs could be met. A relative told us "They sat down and asked about their needs and talked about how they could support us." A support plan was then drawn up to guide staff on what support was required and what people could manage for themselves. We saw people's needs were identified in the support plan in areas such as mobility, skincare and support with eating and drinking. There was guidance for care workers about how these needs could be met, for example preferences about personal care or food choices.

Care workers told us the care plans reflected people's needs and the office was quick to update them with any changes to people's needs; so that this information was available to care workers when they provided support. We were told support plans were reviewed annually or sooner if there were changes. Support plans we looked at were mostly up to date and had been reviewed in line with the provider's policy. There were two exceptions which were reviewed during the inspection and the updated support plan was sent to us following the inspection. Care workers rotas also contained information about people's needs and any alterations in their care. One care worker said "The plans are updated when there are changes. The office staff are out a lot and we see the changes are recorded." The registered manager told us care plans were kept under review and changed when needed.

People told us they knew how to make a complaint. They told us when they had complained they had been responded to quickly and the issue was promptly resolved. One person said "Only the once and it never happened again." There was a complaints policy and procedure which gave information about what people could do if they were unhappy with the response following the complaint. This was available in people's support plans.

Since the last inspection we were aware of two longstanding complaints that had not yet been resolved and where responses had not been provided in a timely way in accordance with the complaints policy. However the complaints log from December 2015 showed that subsequent complaints had been responded to appropriately and in line with the policy. Responses to the branch manager showed that people or their relatives had been satisfied with the response from them. One comment said of the branch manager their "response has been very much appreciated and has filled me with confidence."

Is the service well-led?

Our findings

At the last inspection we found systems to monitor the quality of the service and reduce risks were not always operated effectively. Policies were not always up to date and did not provide guidance to staff. At this inspection most people told us they thought the service was well managed however, the evidence we found did not consistently agree with these views. We found the provider had taken action to address most issues we had identified at the last inspection but other systems to monitor quality, identify and monitor risks were still not operated effectively.

We found processes in relation to late or missed calls had not always been followed. Whilst action had been taken to address this subsequently the possible risks had not been fully considered and acted on. For two people where risks had been identified and the level of risk assessed as high in relation to fire or manual handling, further risk assessments had not been completed in line with the frequency recorded. Processes to monitor quality and risk had not identified the issues with risks, medicines management and the failure in recruitment and induction systems we found at this inspection.

Communication logs for two people did not always evidence that the care and support provided was in line with the support plan. The prompting of medicines or support with meals was not recorded. For one person there was no record of calls provided on four occasions. The branch manager told us these calls were made and confirmed this with relatives but the communication log had not been completed. This meant there was not always an accurate and contemporaneous record of the care and support provided. For two people there were no records to confirm that a referral to fire safety had been acted on and the issues resolved.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Three people told us the service was well managed and had always run smoothly. One person said "It is well organised I have never had a problem." Three people told us that they thought there had been an improvement to the running of the service in recent months. One person commented, "They had an upgrade recently and they have improved and are a bit more on the ball." Another person remarked "I think they are very muddled in administration, but it's the carers that count. I couldn't be happier; there have been a lot of change in admin staff."

There were processes to monitor the quality of the service which had improved since the last inspection. There were checks made on care workers through a regular system of spot checks by quality monitoring officers. People confirmed that these checks took place regularly. The office staff told us they felt this meant they could directly check the quality of the service by observing staff, checking the medicines administration records and obtaining feedback from people who used the service. In addition telephone monitoring and quality visits to people using the service were also carried out to ensure people received their care as planned. We saw that issues identified were dealt with through the supervision and training process. For example additional training on record keeping had been identified on one occasion.

The daily log records were returned to the service to be checked to ensure that support was being provided as planned. However the branch manager told us this process had only recently been restarted and they were working to ensure it was effective.

The registered manager, branch manager and provider were committed to address issues we identified. They were aware that systems had not always operated effectively in the absence of the previous branch manager and were working to address and improve the service. Relatives told us that where they had identified problems to the new branch manager or registered manager these had been effectively dealt with and any problems resolved. The registered manager was aware of their responsibilities as a registered manager and had notified CQC about reportable incidents.

Care workers told us they were happy working for the agency and that the new branch manager and registered manager were approachable and knew what they were doing. They said that the communication between the office and themselves was very good and helped to ensure people received their care as planned. One care worker told us the management team "was very helpful and supportive. You can always go to them with any questions." Another care worker said "We work well as a team. The office is good about telling us about any changes and we do speak with each other."

People's views about the service were asked for and taken into account. People told us the manager asked them for feedback when they visited or she contacted them by phone to ask them for their views on their care. Surveys were also carried out on an annual basis and we saw the provider created action plans to address any issues identified; for example to identify people who had indicated that they do suffer from isolation/loneliness and implement plans to support them to overcome this.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment systems were not always operated effectively to ensure the information and checks required were provided. Regulation 19(1)(2)(a)(3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to the health and safety of service users of receiving the care or treatment and in the management of medicines were not always identified or assessed. Arrangements did not ensure action was taken so all that was reasonably practicable to mitigate such risks was completed.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>

The enforcement action we took:

We served a Warning Notice against the provider and the registered manager for the breaches found against this regulation. We will re-inspect the service to check they have complied with the notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor quality and mitigate the risks relating to the health, safety and welfare of service users were not operated effectively. Accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided were not always maintained.</p> <p>Regulation 17 (1)(2)(a)(b)(c),</p>

The enforcement action we took:

We served a Warning Notice against the provider and the registered manager for the breaches we found against this regulation. We will re-inspect the service to check that they have complied with the notice.