

Outcome Care and Support Limited

# Outcome Care and Support Limited

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Outcome Care and Support is a domiciliary agency providing personal care to people who live in their own homes in and around the area of Ludlow. At the time of the inspection the service supported 25 people, both older and younger.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe care. They were supported by a consistent team of staff who were familiar with their needs. Information was in place to guide staff about the support people required in relation to any identified risks and staff were confident in reporting any concerns.

We have made a recommendation about the recording of 'as and when needed' medicines.

Staff understood people's communication needs and received training and support to safely fulfil their duties. People's health and well-being was supported through good communication with health and social care professionals. A professional told us, "From my observations staff went above and beyond what was expected, which was exceptionally refreshing to see."

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

Staff understood the importance of upholding people's privacy and dignity. People were complimentary about the staff. For example, one person told us, "The staff are very caring. I would recommend the company to anyone."

People received person-centred support. Care plans provided important information about the person's needs and preferences. People were the decision makers in their care and the care was flexible, to meet their wishes.

The management team were approachable and maintained contact with people to ensure they addressed any issues or concerns. Audits and checks of the service had been effective in addressing issues of quality and areas for improvement. The staff team felt well supported and valued in their role. People provided feedback about the quality of the service to support further development and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published 21 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Outcome Care and Support Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

#### What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection, such as notifications which the service is legally required to send us. We received feedback from the local authority. We used the information the provider sent us in the provider information return. This is

information we require providers to send us, when requested, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We telephoned six people who used the service. We spoke with six members of staff including the registered manager, administrator and care workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and three for training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from three professionals and sought clarification from the registered manager to discuss the information provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Protocols to guide staff about when to give 'as and when needed' medicines were not in place. The registered manager agreed to ensure they were implemented following our inspection.
- Medicine records were clearly completed to show people received their medicines.
- Staff completed medicines training and their practice observed to ensure they were competent.

We recommend the provider introduce protocols for 'as and when needed' medicines in line with best practice guidance.

### Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training and were confident in recognising and alerting to potential abuse. A member of staff told us, "I would take a safeguarding to the senior or management and they would tell you what to do or address it straight away."
- Safeguarding concerns were raised appropriately with the local authority to ensure people were safe and protected from the risk of abuse.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe with staff. A person stated, "They are brilliant, and I can't thank them enough. They go that extra mile and make me feel so safe; they send me a rota and I also have pictures of each worker."
- Risk assessments were completed for areas of identified risk and these guided staff about the actions to take.
- The provider had an accident and incident policy to inform staff about what to do in the event of an incident. Very few incidents had occurred; staff understood the need to record and then inform the management team of any issues.

### Staffing and recruitment

- People were protected from the risk of working with unsuitable staff, as the recruitment processes continued to be safe.
- People received support from a consistent team of staff. People knew which staff were coming and staff arrived on time or informed people if they were going to be late.

### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent

the spread of infections.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff completed an induction and shadowed more experienced staff. The management team had recently started to develop the induction process, as they recognised it needed to be more robust.
- Staff undertook training in areas including moving and handling and record keeping. Staff could request specialist training to aid them in their role.
- Staff received supervisions and appraisals of their performance. Some supervisions had not been completed on a regular basis. This had already been recognised and addressed by the management team and supervision plans were in place. Staff told us they felt able to discuss any concerns with the management team and received support in lots of different ways.

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

- Staff knew the type of support people needed and had the knowledge and skills to support them. Assessments were completed before people started to receive care to ensure their needs could be met.
- The management team kept in contact with people and their relatives. They adapted the support provided according to people's changing needs and preferences.

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

- People received support to have food and drink, where needed, and information was recorded about their needs and preferences.
- Staff recorded the support people required and any concerns about people's diet or fluid intake were monitored.

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

- Staff sought the advice of other professionals about how best to support people. This information was recorded in people's care plans to inform staff practice.
- The staff team had established a good rapport with professionals within the community. A professional told us, "Staff are honest and try and work around the person's needs and feelings. They are very professional and excellent at communicating to prevent high risk occurring. I have confidence with the way they perform."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's mental capacity and understanding of the support they required was considered.
- The registered manager had a basic understanding of the principles of the MCA. They needed to develop their knowledge in this area. Policies and procedures were in place to support this.
- Staff asked for people's consent before supporting people. A staff member explained to us, "I am always asking people and telling them what I'm going to do. If they're not comfortable with anything, they don't do it. It is always their decision and their personal preferences, they are the centre of it."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring towards them. Comments included, "They make me feel like a human being, not a nuisance" and "I have two workers four times per day; I can't say enough how good they are. At night time they hoist me to get me onto the bed, they talk to me and make sure I am comfortable."
- Staff provided patient support and were aware and reminded of the importance of supporting people's emotional needs. For example, one person's care plan stated, 'I would like support workers to speak to me in a calm manner and listen to me when I need to talk about how I am feeling.'
- People's equality and diversity needs were discussed and recorded.

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

- Information was recorded about how people communicated to enable staff to support them with their decision making.
- The registered manager understood in what circumstances an independent advocate may be required.
- The staff team liaised with people's representatives to keep them informed about any changes or concerns.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity in the way they supported them. For example, one person stated, "When they are changing my pants they cover me up and do it so discreetly I can retain my dignity throughout."
- Staff supported people to maintain their independence in areas such as food preparation and personal care.
- People's information was stored securely and they were informed about how their information would be used and shared.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had detailed and personalised care plans to guide staff about the support required. Information was recorded about people's personal histories, their likes and dislikes and preferences.
- People were the decision makers about how they wanted their care to be provided. Care was flexible to accommodate for their wishes, including the gender of the care worker. Care was arranged to support people to attend their planned activities and appointments.
- Care plans were reviewed to ensure they contained accurate information about people's needs.
- Staff had built a rapport with people and were familiar with their needs. This enabled staff to provide people with person-centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team assessed and recorded information about people's communication to ensure information could be given in an accessible way.
- Staff understood and met people's communication needs. They explained how some people responded to touch, or needed information writing down on their computer to fully understand what was being said.

Improving care quality in response to complaints or concerns

- The provider followed a complaints procedure in place.
- Staff received compliments about the care they had given. This included, 'Thank you for all your hard work and kindness' and 'We shall never forget what you did for Mum.'
- People knew how to provide feedback to the management team about their experiences of care and felt confident doing so. The management team maintained regular contact to ensure they were happy with the support they received.

End of life care and support

- Some staff had received end of life care training, to ensure they had the skills and knowledge when this type of care was required.
- People were asked whether they wished to share their views and wishes on their end of life care. This information was then recorded and available should this have been needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People expressed their confidence in the management of the service. A person told us, "The company is owned locally and has a good reputation, their ethos is very much up front and they give you both physical and social support. The company is always looking very much at improving what they do."
- The management team were passionate about people receiving good care; a value they ensured was shared by the staff team.
- The management team considered different ways to support people. For example, a Christmas meal was arranged where people and their relatives were invited to attend. For those who were physically unable to attend, a meal was paid for and delivered to their homes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A system of audits and checks were completed to monitor the quality and safety of the service. These had been effective in highlighting areas for development, including supervisions and inductions. The process of auditing was being further developed. This included the introduction of a system to monitor any patterns or trends to ensure the team were responding to any potential risks. .
- The management team effectively communicated with one another.
- The management team was open and transparent throughout the inspection and had a positive approach to any constructive feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's feedback was sought and used in the development of the service.
- Staff felt listened to and valued. A care worker told us, "The managers are very thankful for the work you do; that goes a long way sometimes. You even get flowers delivered if you've helped someone out; they're really nice people. You can go to them with anything."
- Staff attended team meetings which were an opportunity to discuss important topics, such as safeguarding, and to share any concerns.