Care Outlook Ltd

Care Outlook (Wembley)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Care Outlook (Wembley) provides domiciliary care services for adults with a wide range of needs. The service offers support to people who require help with day to day routines, including personal care, meal preparation, shopping, housework and supporting people out into the community. At the time of inspection there were 110 people receiving support. 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
In the main 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; however the policies and systems in the service did not support this practice. We have made a recommendation about ensuring the principles of the Mental Capacity Act were followed.

People told us they felt safe when care workers supported them. People's medicines were administered in a safe way and as prescribed. Risk management plans were developed providing care workers with guidance on how to mitigate risks for people they supported. The provider had a robust recruitment procedure in place.

Care workers completed the training and received the supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way. A detailed assessment of a person's care needs was completed before care visits started. People were happy with the care they received and the care workers who visited them were kind and caring.

People's care plans described the care and support they required and how they wanted it to be provided. The provider had a complaints procedure in place and complaints were responded to in an appropriate manner. People told us they knew what to do if they wished to raise any concerns.

There was a range of quality assurance processes in place to identify if any actions were required to improve the service. People using the service and staff felt the service was well-led. The provider worked in partnership with a range of statutory and voluntary organisations.

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

Rating at last inspection
The last rating for the service at the previous premises was good, published on 26 May 2017. The service was registered at a new address during January 2020.

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 always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was 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**

Care Outlook (Wembley)

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 one inspector. An Expert by Experience carried out telephone interviews with people receiving care and their relatives. 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 March 2021 and ended on 4 March 2021. We visited the office location on 1 March 2021 and 2 March 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection
We spoke with 11 people who used the service and two relatives about their experience of the care provided. During the inspection we spoke with the registered manager, the registered manager from another location who was providing additional support at the service, the quality monitoring officer and the director of operations. We received feedback from 19 care workers. We reviewed a range of records which included the care plans for eight people and multiple medication records. We looked at the records for eight care workers in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate the evidence we found. We looked at training data and the registered manager provided examples of the reviews carried out of mental capacity assessments.

Good

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.

Systems and processes to safeguard people from the risk of abuse
• People we spoke with told us they felt safe when they received support from care workers in their own homes. Their comments included, "I feel safe. [The care worker] is quite reliable" and "They look after me."
• We reviewed the records for three safeguarding concerns raised during the last 12 months. We saw the records included any correspondence with the local authority, copies of relevant information including interviews with care workers and the investigation report, the outcomes and actions taken.
• Care workers confirmed they had completed safeguarding adults training and demonstrated a good understanding of what safeguarding meant when care was provided and how people could be kept safe.

Assessing risk, safety monitoring and management
• The provider ensured care workers received guidance on how to reduce specific risks in relation to a person's health and wellbeing which were identified during their care needs assessment.
• The risk assessments identified the specific risk and actions care workers could take to mitigate that risk. Information was also included in the care plan identifying how they could reduce possible risks and provide appropriate support. A risk assessment was completed for the home environment to identify any possible risks when the care worker visited.
• Information sheets on specific medical conditions were included with the care plan to provide care workers with additional information on the possible impact of that condition on how care was provided. For example, we saw information sheets from recognised organisations on dementia, pressure ulcers and diabetes.

Staffing and recruitment
• People we spoke with told us, in general, the care workers arrived on time or within the agreed visit window of 30 minutes before or after the agreed time. People's comments included, "Sometimes they are five minutes early or late. Most of the time they arrive on time" and "Yes, sometimes she's a bit late. She'd give me a call."
• Care workers confirmed that they usually had enough time to travel between visits and the length of the care visit was enough to complete the tasks required. Care worker's comments included, "Yes and this is because my service users are in one area very near each other walking distance to each call 5 minutes" and "For the majority of visits I have enough time to complete all tasks. Where this is not the case, I report it to the line manager."

• The registered manager confirmed they had enough care workers for the level of care visits provided as they were located in a small area of the borough which reduced travel time.
• The provider had a robust recruitment process to ensure care workers had the appropriate skills to provide

care in a safe manner. During the inspection we reviewed the recruitment records for four care workers who joined the service in the last year. We saw a full employment history was provided, two references and the applicants the right to work in the UK were verified and a criminal records check were completed in line with the providers procedure.

Using medicines safely
• A medicines risk assessment was completed which identified what level of support each person required with the administration of their medicines and if there were any issues or risks in relation to the prescribed medicines.
• The risk assessment also identified if any external healthcare professional were involved in administering a person's medicines. For example, we saw that a person was visited by a district nurse each day to support them with their insulin.
• We reviewed the medicines administration records (MAR) for five people and we saw these included the details of the prescribed medicines, the dosage and frequency they should be administered.
• Care workers completed training on medicines administration as part of their induction and refresher training every two years with checks on their competency.
• The provider had a medicines administration policy and people's MAR charts were audited every month.

Preventing and controlling infection
• The provider had appropriate procedures for infection prevention and control. Care workers confirmed they were provided with supplies of personal protective equipment (PPE) including gloves, masks and aprons. One care worker told us, "Yes [I have enough PPE], I double check before I go on duty that I have enough PPE available." Care workers could collect PPE from a local office to reduce the need to access public transport.
• People we spoke with confirmed care workers usually wore appropriate PPE but if they did not the person stated they would remind the care worker and they would ensure the PPE was worn correctly.
• The registered manager confirmed care workers were supported to complete weekly COVID-19 tests and to access vaccination services.
• Infection control training was completed by care workers and this was confirmed by the training records. The registered manager explained a video was produced showing how to put on and take off PPE which was shared with care workers to support their training.

Learning lessons when things go wrong
• The provider had a process for the reporting and investigation of incidents and accidents. During the inspection we reviewed the records for four incidents, and we saw information included what had happened, what actions had been taken and the outcome.
• The records also identified if the person's GP, the district nurse, the pharmacist or NHS 111 had been contracted for guidance.
• A log sheet was completed with details of each incident and accident to enable the provider to monitor for any trends which could be identified and if care workers required further training.

Requires Improvement

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 requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we recommended the provider seeks advice from a reputable source about how to fully meet their responsibilities under the MCA. The provider had made some improvements, but further improvements were required.

• The provider had a process to ensure people who were identified as being unable to consent to aspects of their care were supported to ensure the support was provided within the principles of the MCA.
• If a person had been identified as possibly not having the capacity to consent to their care plan, we saw a mental capacity assessment had not always been carried out for all aspects of the care plan. For example, we saw that mental capacity assessments had been completed in relation to people's ability to sign their care plan and for the administration of medication but not for when bed rails were used. We also found that best interest decisions had not been recorded following a mental capacity assessment had been completed.

• We raised this with the registered manager, and they agreed to review the mental capacity assessments to ensure all aspects of the care being provided were covered and the best interest decisions were recorded.
• Following the inspection, the registered manager sent us confirmation that, where a person could not consent, mental capacity assessments had been completed for all aspects of their care and a best interest decision had been completed. They sent us examples of the assessments which demonstrated they complied with the principles of the MCA.

We recommend the provider reviews the principles of the MCA to ensure care is provided in the person's best interests and in the least restrictive manner possible.

• Care plans identified if the person had a Lasting Power of Attorney in place to enable a relative or representative help them with decision making. A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people to help them make decisions or to make decisions on their behalf.
• Care workers demonstrated a clear understanding of the principles of the MCA. One care worker explained "MCA means providing support in decision making in the service user's best interest. Protects and empowers service users who lack capacity to make their own decision about their care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider ensured people's care needs were identified to make sure these could be met by the service before the care package started.
• If the care package was funded by the local authority a summary of the person's care needs was provided to the service. In addition, a staff member would meet with the person who was going to receive support to discuss how they wanted their care provided. The needs assessment included information on the person's personal care needs, nutrition, medical history and any identified risks.
• The information gathered was used to develop the person's care plan and their risk assessments.

Staff support: induction, training, skills and experience
• People confirmed, in general, that they felt the care workers that visited them had received the appropriate training to support them. People's comments included, "I think they have the right skills. I like them", "She has the right skills for what she does" and "Definitely. She's been a care worker in a care home and in a hospital. She has in depth experience."
• Care workers undertook a range of training courses which had been identified as mandatory by the provider. These included moving and handling, health and safety and first aid. Care workers completed refresher courses every two years and records showed care workers were up to date with their training.
• Care workers completed the Care Certificate as part of their training. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
• Regular supervision sessions and spot check were carried out with care workers and we saw records of these in the care workers' employment folders. The care workers confirmed they had regular supervision discussions with their line manager and they felt supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet
• Care plans identified if the person required support from care workers to shop, prepare meals and to eat. Care workers were given guidance in the care plans on how the person was supported in providing meals and their preferences for meals and drinks.
• People confirmed that care workers helped them buy and prepare meals if they required support. Their comments included, "[The care worker] brings me my meals from the shops. It's more or less the same old thing. I do my own meals" and "My meals are pre-prepared, so my carer heats them up."
• Care workers recorded what food was eaten by the person in the records of the care provided during each visit which were completed by the care worker.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• The provider supported people to access healthcare and other services to receive the support they needed. People's care plans included information on their GP and any other healthcare professional involved in their care.
• The registered manager explained that the care workers work closely with the district nurses if issues are identified in relation to wound care and with occupational therapists to request additional equipment.
• One person told us the service had previously supported them in chasing up their medicine delivery as they had gone for three days without their prescribed medicines. The person said the staff member had

contacted the pharmacy, had organised delivery and they had experienced no further issues.
• When social workers carried out reviews of people's care packages over the telephone they arranged for the person's care worker or a member of office staff to be present to support the person with the process.

Good

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 now 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; Respecting and promoting people's privacy, dignity and independence

• People we spoke with told us they were happy with the care they received and the care workers who visited them were kind and caring. Their comments included, "I'm very happy with her. We get on quite well", "She's very friendly. It's pleasant. We chat about what's in the news. We talk about her family meals" and "They are very kind and caring. Anything I ask them to do, they've done it."

• People also confirmed that care workers supported them to be as independent as possible. Relatives told us, "They know what to do and encourage my family member, for example with dressing" and "Yes, that's what I want. They help relative to get changed and just try to help them do it themselves."

• Care plans identified the persons cultural and religious beliefs. The general risk assessment which was completed included a section on possible risks if the person's cultural or religious preferences could not be supported in relation to the care being provided. Actions were identified to provide guidance for care workers on how they could mitigate these risks which could include identifying local voluntary organisations which may be able to provide additional input if these needs could not be met by the service.

• The registered manager and the quality monitoring officer gave examples of when a person had identified they wished to go to church on a Sunday they agreed to adjust the planned visits to provide the person with the support they needed to access their church.

• Another example they discussed with us was if a person was being supported with shopping and they preferred specific food based upon their cultural background or religious beliefs, appropriate shops which could meet these needs were identified to ensure the food the person wanted could be obtained.

• Care workers completed training in relation to maintaining people's dignity. Care worker we contacted demonstrated an understanding of the importance of maintaining people's privacy and dignity when providing and they gave examples of their actions including closing curtains and asking the person how they want their care provided before starting.

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

• People were supported to be involved in the development of their care plan. One person told us, "Yes, we chat about what needs doing and come to an agreement [with the office]." A relative commented, "Yes, quite heavily. I arranged the schedule over the phone and the manager came around." People also confirmed that when they wanted to make changes to their care plan, they contacted the office and the changes were made.

• The quality monitoring officer explained they had a good relationship and had regular contact with everyone who received care. If there were any issues or concerns, they would contact or visit the person. This

was demonstrated during the inspection as an issue was identified by a person during the telephone interview process. With the person's permission we informed the registered manager and the quality monitoring officer visited the person and the issue was resolved within two days.
• The registered manager explained information on how to access advocacy services was included in the service user guide which was given to people when their care visits started.

Good

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 now 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• Care plans indicated how the person wanted their care provided. Information included how the person preferred their personal care to be provided, if medicines were administered, if there was support with meals and what care was to be provided during each visit.

• Care workers completed records of the care they provided during each visit including if they prompted a person to take their medicines and any food or drink consumed by the person.

• People were supported to maintain their family and community relationships with the aim of reducing their social isolation. Care plans identified who was important to and regularly visited the person receiving care as well as any community links they had.

• The registered manager explained a new electronic care planning and recording system was being introduced. As part of the needs assessment process the new system included a section on social prescribing which enabled care workers to identify if a person was at increased risk of social isolation, required support with their mental health or needed input from other services such as food banks. A referral to the relevant organisation could then be made, for example to Age UK, and the outcome could be tracked to ensure the person is receiving the support they needed.

• The quality assurance officer explained during the pandemic they identified people who could not access specific services and they provided extra support. For example if a person was shielding, they collected their pre-payment cards for gas and electric and toped them up.

End of life care and support

• If a person had an advance care statement or a Do Not Resuscitate decision in place it was recorded in their care plan. At the time of the inspection the service was not providing support for people requiring end of life care.

• The quality monitoring officer explained that when the service had previously supported a person whose health had deteriorated the provider had arranged for the care package to be increased to 24 hour care with care workers the person knew as the care workers had become like family to the person.

Meeting people's communication needs

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

• People's care plans identified if they had any visual and hearing issues which may affect their ability to communicate and how care workers could support the person.
• The person's preferred language was identified in their care plan. If the person's preferred language was not English, the registered manager confirmed they would try and identify a care worker who spoke the same language to be allocated to the visits.

Improving care quality in response to complaints or concerns
• The provider had a complaints procedure in place and complaints were responded to in an appropriate manner. During the inspection we reviewed the records for four complaints which had been received during the previous year. We saw each complaint record included information on the concern raised, copies of any correspondence and the outcome of the complaint.
• People receiving support and relatives we spoke with told us they knew how to raise a complaint or a concern with the office. Where people had raised a concern with the provider, action had been taken and the issues had been resolved. One relative said, "To an extent. I call the office and talk to the manager. They listen, look into it and take necessary measures. So yes, I did complain, they didn't argue with me."

Good

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 now 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.

Continuous learning and improving care
• The provider had a range of quality assurance measures in place so they could monitor the care provided.
• Information was recorded on which people had support with their medicines and all MAR charts were audited monthly. The audits we reviewed showed that where an issue had been identified with the way the administration of medicines had been recorded, the action taken, for example a supervision meeting with the care worker, was recorded.
• During the recruitment process regular checks were carried out to ensure all the required information had been obtained before the new care worker took up their role.
• Log sheets were completed for safeguarding concerns, complaints and incident and accidents to monitor for any trends and if care workers required any additional support or training in response to issues identified.
• Care plans were audited regularly to ensure information was in place and up to date. Review forms were completed with the person and relatives to ensure the care plans reflected their wishes. The records of the care provided during each visit were also reviewed regularly to ensure they reflected the care plan.
• The registered manager explained that the new electronic care planning and recording system which was being introduced would enable the records of care and MAR charts to be monitored in real time. Care plans and risk assessments could also be updated and accessed immediately by the care workers. This meant care workers could be provided with up to date guidance on the care to be provided and checks could be done to ensure it reflected the care plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People we spoke with told us they felt the service was well-led. Their comments included, "At the moment, I have no complaints", "At the present time, things are going smoothly. No complaints" and "They try their very best. During the Corona virus, staff are not as available as usual. This shortage of staff is not regular."
• Care workers we contacted told us they read the care plans and risk assessments for the people they visited regularly. One care worker said, "I read the support plan and risk assessments when it is my first visit for a service user, after that when I have a spare time I read again and again if there is any amendment in their care plan and risk assessment."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider had produced a range of policies and procedures which were regularly reviewed and updated

when required to reflect changes in good practice or legislation.
• People we spoke with confirmed they had been given the contact details of the office in the service user guide and they felt confident contacting them if they had any questions. One person said, "There's a number in the book. I never had to use it." A relative told us, "If there's a problem they'd [the office] let me know. They are brilliant. I appreciate what they do."
• The provider had developed a clear process to respond to complaints and concerns in a timely manner and how they would identify where improvements should be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• All staff had clearly defined roles and responsibilities. During the inspection the registered manager, a registered manager from another location who will be taking on the role at this service shortly and the quality monitoring officer all demonstrated a good understanding of people's care needs and the processes in place at the office.
• The majority of care workers we contacted told us they felt the culture of the service was open and it was well-led. Their comments included, "We have good relationship and understanding with our manager and coordinators", "Leading is a difficult role and they have served me well since joining the team" and "I think the service is well led because if there are any concerns regarding ourselves or our services users, those concerns will be dealt with the importance it requires."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The registered manager confirmed a survey had been sent to people receiving support to gain their feedback and it was now being returned and the results analysed.
• Feedback from people was also obtained from the review and quality monitoring visits. The results of these visits were reviewed and action taken to resolve any issues identified.

Working in partnership with others
• The provider worked closely with other organisations. The registered manager told us they had attended the regular meetings with other provider which were held by the local authority. They had developed arrangements with other providers so that if one service could not provide an aspect of a care package another provider would step in and help with the visits.
• Links were developed with a local supermarket so people receiving support who were identified as vulnerable could have essential food items delivered.
• They worked with a food bank to develop essential items boxes which people could purchase which included food items and toiletries. These were delivered by a staff member using a van acquired by the service.