

Care Outlook Ltd

# Care Outlook (Hackney)

## Inspection report

Kreativ House  
280 Mare Street  
London  
E8 1HE

Tel: 02072479749

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Care Outlook (Hackney) is a domiciliary care service registered to provide personal care support to people with a learning disability, autism spectrum disorder, sensory impairment, people who misuse drugs and alcohol, people with an eating disorder, mental health, older people, physical disability, and younger adults. 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. At the time of the inspection 147 people were receiving personal care support.

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

People and their relatives told us staff were kind and caring. People and their relatives told us they were very happy with the service.

People had regular care staff who were punctual and let them know if they were running late.

Care records were up to date, person centred and comprehensive. Risk assessments were in place. Staff were able to tell us how they cared for people to mitigate these risks. However, end of life care was not always explored.

We have made a recommendation about end of life care.

People and their relatives told us that the service was very responsive to any issues or concerns they had.

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.

The provider had quality assurance systems in place.

People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaints procedure in place.

There were aspects of the service that were well led, but the registered manager was aware they needed to refine and improve some aspects of the assessment process for people.

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

This service was registered with us on 14 September 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

#### 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Care Outlook (Hackney)

## 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 team consisted of four inspectors, one assistant inspector and two experts 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.

#### 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 20 August 2019 and ended on 22 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the director of operations, the contracts manager, one field officer and six care workers.

We spoke with eight people who used the service and 11 relatives.

We reviewed 12 people's care records, six staff personnel files, staff training documents, and other records about the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person said, "Well yes I feel safe. I believe [staff] have been checked out." A relative told us, "Yes I do [feel safe]. I just trust [staff] and they look honest."
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns.
- The registered manager understood their safeguarding responsibilities and told us the different types of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place and these were detailed. Risk assessments were reviewed regularly. Each person had an environmental risk assessment as well as individualised risk assessments relevant to each of their needs.
- Risks covered included nutrition and hydration, falls, fire safety, equipment, infection control, continence management, oral hygiene, medicines, skin integrity and diabetes.
- Information sheets were included in people's records who were at high risk of specific health conditions. Records showed information provided on diabetes, pressure ulcers, dementia, urethral catheter and multiple sclerosis.

Using medicines safely

- People we spoke to told us they received their medicines on time and in a safe manner. One person said, "[Staff] encourage me to take medication." A relative told us, "[Staff] take the pills out of the blister pack and give it to [relative]."
- People who were supported with medicines had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Staff received training in the safe administration of medicines. One staff member said, "Follow what is in the [care records], read the pack, always read when it's required and record in MAR chart. Report to the office any errors or discrepancies."
- There were systems in place to check the competency of staff while they were supporting people with medicines.

Staffing and recruitment

- People and relatives told us staff were punctual. One person said, "No never [late]. [Staff member] is usually one step ahead which is great." A relative told us, "When a carer can't come anymore they quickly get

another. [Staff] have plenty of time." Another relative commented, "[Staff] are as regular as clockwork, but always call if running late or can't make it."

- There were sufficient staff in place to meet people's needs safely. People, relatives, and staff confirmed this. One staff member said, "There appear to be enough staff as there always seems to be enough. Always someone there to cover if there is an absence." Another staff member told us, "Cover always arranged. Second person to cover my absence, so they know my clients."
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were required and recorded on application forms.

#### Preventing and controlling infection

- The service had infection control policies in place. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- Staff had access to supplies of Personal Protective Equipment (PPE). People told us staff always wore gloves and aprons when supporting them.

#### Learning lessons when things go wrong

- There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong.
- Accident and incidents records did not show lessons learnt when things went wrong. We discussed this with the registered manager who told us they would review lessons learnt moving forward.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed within 24 hours of starting with the service. The assessment formed the basis of the support plan. People and their relatives confirmed this. One relative told us, "Yes, initial assessment and we went through the care plan and decided what [relative] needed."
- Assessments and care records were not clear what time people wanted their care provided. The registered manager and the operations director told us the local authority mostly decided the time of care with people. They advised they would review their processes to include people's preferences for visit times in the provider's assessment process.
- People told us staff knew their needs and provided individualised care. One person said, "[Staff member] just knows what I like. She is very thoughtful and anticipates what I might like and need."

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records showed staff completed The Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Training was provided in subjects such as safeguarding adults, moving and handling, medicines, first aid, infection control, food hygiene, health and safety, and The Mental Capacity Act 2005.
- Staff told us training was offered on a regular basis. A staff member said, "[The office] will chase you to do your training and takes you off rota to get it completed."
- Staff were provided with regular supervision. Records confirmed this. A staff member said, "[Discuss people who used the service], and how things are, any concerns, changes and updates." Another staff member told us, "[Discuss] how the job going, how the communication is going between office and [myself], [and] training."
- Staff told us, and records confirmed they received an annual appraisal.

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

- The majority of people and relatives we spoke with at the service told us staff supported with their meals. People who had support told us that staff offered them choice and gave them the food and drink they wanted.
- One person said, "[Staff member] makes something different nearly every day." Another person told us, "[Staff] make my breakfast, peanut butter and banana. Then they make a sandwich and wrap it up for me to have when I am ready, ham or whatever I have in the fridge."
- Each person had a nutritional support plan and this detailed which level of support they required. Where

people did have support to eat and drink their likes and dislikes had been considered.

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

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought.
- Records showed the service worked with other agencies to promote people's health such as district nurses, GPs, occupational therapists and pharmacists.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People told us staff asked for their permission and relatives also confirmed this took place. One person said, "[Staff] will speak to me about what they are doing." A relative told us, "Yes, they get [relative's] permission."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member told us, "I always ask [people who used the service] permission for each task I do. It reminds them what I am doing too." Another staff member said, "Always ask the person if they consent to what tasks I am doing."
- The registered manager had an understanding of MCA.
- People had given consent for their care and for photographs to be used in their documents. Where appropriate MCA assessments had been completed.
- Relatives were involved in making decisions where people lacked capacity. Records confirmed the service had recorded information on applications for Lasting Power of Attorney documents when people were unable to make their own decisions.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind and caring. Comments included, "[Staff member] bought some flowers and plants for me and they are beautiful", "Because we know each other so well I don't need to tell [staff member] nothing. [Staff member] knows how I feel before I say anything" and, "[Staff member] is very nice, she is a lovely lady."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "Treat [people] as my own family and care for them." Another staff member told us, "[People who used the service] make your day as they are so nice to work with. You can get great satisfaction working with many of them. Connect with them and open up."
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We do respect [people's] preferences in life."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. However, care records did not reflect people's sexuality and their needs. We discussed this with the provider and they advised they would review their processes to include this in the future.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "Yes they do [review the care plan], about two to three months ago was the last one." A relative told us, "I think there was [care plan review] at the beginning of the year."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. One person said, "I never feel [staff] are rushing me, I feel quite comfortable." Another relative told us, "[Staff] always knock and let me know they are coming into the house."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Greet [people] by their preferred name. If family around, close doors, [and] do tasks in private." Another staff member said, "[I] respect [people]. [When] giving them a shower I give them the towel to do their private areas themselves. Close the doors, [and] make sure there is no one around and don't do personal

care in front of people."

- Staff promoted and encouraged people's independence. A staff member told us, "I praise people for doing things that they find difficult to encourage them to try more." Another staff member said, "Encourage [people] to do things I know they are capable of doing. Encourage them to make choices like food."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were supported with their personal needs and as per their wishes. One person told us, "Oh yes, [staff] listen to me. I can tell [staff member] what she needs to do, and she will listen." Another person said, "If there is something that [staff] don't usually do I would ask them, and they will do it."
- People's care records were very person centred, detailed and specific to the individual and their needs. They had been written and reviewed with full involvement of people and those important to them. Sections in care plans included background history of the person, medicines, communication needs, continence management, oral hygiene, nutritional support, shopping, housework, financial and health conditions.
- The provider reviewed people's care plans every quarter to ensure people's changing needs were identified and reviewed, and care plans updated accordingly. Records confirmed this.

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.

- Each person had their communication needs identified in their support plan which detailed how they wished or needed to communicate.
- Records showed people's communication needs had been assessed and were known to staff.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the office staff about any concerns.
- Staff knew how to provide feedback to the management team about their experiences which included supervision sessions and team meetings.
- Complaints were recorded, and records showed complaints were resolved as per the policy, within 28 working days of receiving the complaint.
- The complaints records contained information about when the complaint was made, description of the complaint, actions taken and the outcome.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs.

- The registered manager told us the service was not supporting anybody who was end of life. However, records showed one person who was supported by health professionals and a palliative care team for end of life care. Care records included an end of life care plan from the palliative health team however the service had not explored end of life support wishes for the person.

We recommend the provider seeks guidance on assessing the needs for people who are end of life.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was providing person centred care to people and this was evident from care records and from speaking with people and their relatives.
- One person told us, "I have got the [office contact number] and I would contact him. Only dealt with [them] once and [they] sorted the problem immediately." A relative said, "I think it is reasonably efficient [service]. They are not chopping and changing staff. They always ring me if there is a problem with my [relative]. I think it is a fairly reliable service."
- Staff told us they enjoyed working for the service and people also provided positive feedback on the culture of the service. One staff member said, "There has been a lot of improvement. Things have got a lot better so it's a good company to work for." Another staff member told us, "Staff turnover not high. Lots of us have been here a long time."
- Staff spoke positively of the registered manager and the support they received from them. One staff member said, "[Registered manager] is team player. She keeps on top of what we should be doing. The way she talks to us is respectful." Another staff member told us, "[Registered manager] and [contracts manager] are very good and friendly. Communication is good. They are very supportive. We can call them at weekends. They are always there if I need them. They will always explain over the phone what to do if I am stuck. They have been very good to me."

Continuous learning and improving care; Working in partnership with others

- The service did not currently capture information related to learning following accidents and incidents. We discussed this with the registered manager who told us they would review lessons learnt moving forward.
- The registered manager attended local provider forums. They told us, "I go to provider meetings where different provider share experiences."
- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, district nurses, health and social care professionals and others involved in a person's care.

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

- We found quality assurance systems had not identified assessing people who were end of life, recording of people's preferences for care visit times and exploring people's sexual orientation. After discussions with the

registered manager they were aware of the need to and planned to improve care planning around the issues we identified.

- The service used an electronic call monitoring system to monitor late and missed calls for people who used the service. The target compliance rate for late and missed calls was 85% to be met. The service at the time of the inspection was 73%. Records showed the service had started to address missed calls by keeping a record of late calls with the reason why. Also, we saw discussions in staff's supervision about low performance with late calls and missed calls and how this was to be addressed.
- Records confirmed regular audits were taking place. These included spot checks, telephone monitoring, medicine audits, and a quarterly check of people's care files. The service also did regular checks on staff files and recruitment. Records confirmed this.
- The registered manager demonstrated an understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The registered manager had completed a qualification in health and social care leadership management.
- The provider understood the legal requirements of their role including submitting certain notifications to CQC.

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

- The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed of any changes.
- People and their relatives knew how to contact senior staff and the office.
- Communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems. For example, staff meetings were held on a regular basis. Topics included electronic call monitoring, staff rota, health services, confidentiality, communication, safeguarding, daily logs, and The Mental Capacity Act 2005.
- The service asked people and their relatives to comment on the service provided. This was through telephone, face to face reviews and surveys.