

Care Outlook Ltd

# Care Outlook (Twickenham))

## 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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Care Outlook (Twickenham) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection, there were 140 people receiving the regulated activity personal care.

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 care and support from staff that knew how to identify, respond to and escalate suspected abuse. Risk assessments were comprehensive and gave staff adequate guidance on how to identify and respond to known risks. People received their medicines as prescribed. Staffing levels were adequate and staff underwent robust pre-employment checks to ensure their suitability for the role. Infection control practices were in line with good practice.

Staff received on-going training and reflected on their working practices to drive improvements. Newly employed staff received comprehensive induction training and shadowed senior staff prior to working without direct support. Staff were aware of the action to take when they identified people were unwell and people were supported to access food and drink that met their dietary needs.

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.

Care plans were comprehensive and gave staff a clear insight into the people they supported. Care plans were regularly reviewed. Complaints were investigated and where possible a positive resolution sought. The provider had an end of life policy in place.

New management in place had made a clear impact on the oversight of the service. Audits were carried out to monitor the service provision. People, their relatives and staff spoke positively about the registered manager and confirmed there had been positive changes since her employment. The registered manager was aware of their responsibilities under the duty of candour and was keen to work in partnership with other stake holders.

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 requires improvement (published 31 October 2019) and there were

multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for the key question Caring not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Outlook Twickenham on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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 (Twickenham))

## **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

This inspection was carried out by three inspectors 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 25 March 2021 and ended on 6 April 2021. We visited the office location on 25 March 2021.

### What we did before inspection

We reviewed information we had received about the service since their last inspection. We sought feedback

from healthcare professionals. 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. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 20 people, eight relatives and 14 members of staff including care workers, care coordinators the registered manager, operations manager, compliance manager and the managing director. We reviewed a range of records including care plans, medicine records, staff recruitment files, policies and procedures and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and staff training.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we identified records did not assure us that care workers gave people the correct dosage of their prescribed medicine. People did not always receive their medicine at the time that they needed it and Medicine Administration Records (MARs) contained multiple gaps. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach.

- We reviewed people's medicines administration records (MAR) and how the provider ensured these important records were fully and accurately completed.
- People and their relatives confirmed, where agreed in their care plan, staff supported them to take their prescribed medicines.
- Care plans included information about people's medicines and any potential risks. The individual level of support required by each person was assessed and detailed in their care plan. For example, if they needed care staff to administer the medication or to prompt them to take it themselves.
  - Staff completed an electronic MAR and these were regularly audited for compliance. Any issues were highlighted with action taken as appropriate.
- We saw that any changes to people's medicines were communicated to the office with photographs taken of the new prescription label.
- Staff were able to describe the action they would take should they identified there had been a medicines error. Staff would raise their concerns with the office and seek medical intervention if required.

### Staffing and recruitment

At the last inspection, we identified people did not always receive care visits at their agreed time, with staff often late with no prior warning. Staff deployment was done in such a way, travel time was not incorporated into their timesheet and, staff did not always stay the full duration of their allocated visit. The issues were a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, enough improvements have been made and the provider is no longer in breach.
- We received mixed feedback from people and their relatives about the timeliness of staff's visits. Comments included, 'Last week a carer didn't come between 1.30pm and 3pm, they arrived at 7pm. He said he had gone out for lunch then fell asleep.' 'They [staff members] should come at 10am but they are always late and come at 12.' And, 'They [staff members] always turn up on time.' 'If [staff member] was going to be late she would let me know, but she never has been late.'
- We shared our concerns with the registered manager who investigated the concerns raised immediately.

Electronic call monitoring systems did not corroborate the negative comments.

- There were systems in place to monitor the visit times of care workers. The provider used two systems to monitor this, one was an internal system and one was a requirement from the local authority for their funded clients.
- Care workers were issued with a smartphone which they used to log in and out using a QR code when they attended calls. This provided the Electronic Call Monitoring (ECM) compliance manager with real time information about call visit times.
- Reports were produced showing the planned and the actual visit times. These showed that visit times were broadly in line with the expected times. People using the service were made aware there was a 15 minute leeway to allow for traffic and other issues. Care workers stayed for their allocated times and records showed that all the personal care tasks that were required of them were completed during each visit. Travel time was allocated to each visit.
- Care coordinators were responsible for allocating rotas. They told us each client was allocated a team of regular carers to ensure consistency of care. Rotas were issued a week in advance and care workers were able to view these on their smart phones, including any changes to their regular shift patterns.
- The ECM generated weekly reports showing missed or late visits which could also be filtered according to care worker. The records showed the provider was consistently meeting its targets of 90% with the local authority in terms of late visits.
- Recruitment checks were carried out centrally by the HR team. Staff files contained a recruitment checklist which showed the necessary checks had been completed. Applications forms were fully completed, showing previous work history with any gaps in employment explained. Applicants provided evidence of identity and completed a medical questionnaire.
- New applicants were interviewed and assessed for their suitability for a role as a care worker and the provider sought references from previous employers which helped to provide further reassurance. Employment offer letters and contracts were seen in the files that we saw. All care workers had an up to date DBS check in place. A DBS is a criminal records check employer undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection, not all staff we spoke with had a full understanding of safeguarding. At this inspection we identified staff were aware of the provider's safeguarding policy, how to identify, report and escalate suspected abuse. Staff told us they were confident in whistleblowing, should they identify poor practice.
- Records confirmed staff received safeguarding training and this was regularly reviewed to ensure staff's knowledge was up-to-date.
- At the time of the inspection there was one on-going safeguarding investigation.

Assessing risk, safety monitoring and management

- Risks to people were assessed such as moving and handling, medicines and general environmental risks around the home.
- Staff were deployed in a timely manner to ensure people received support at the agreed time.
- The service had clear processes to assess and manage risks to people to ensure they were met safely. Care plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as malnutrition, mobility, moving and handling tasks and taking medicines safely.
- Risk assessments were reviewed in response to people's changing needs. For example, one person's care plan stated, 'Due to my mobility, I am at risk of falls, please can my carer supervise/observe me when mobilising around my home and completing tasks'.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with Covid-19. This helped minimise the risk of people catching or spreading infections.
- There were adequate supplies of appropriate Personal Protective Equipment (PPE) in the office, including face masks, gloves and aprons and shoe covers which care workers were able to come in and collect.
- Staff told us, "I do have a lot of PPE, there's gloves, aprons, masks etc. I can get more if I go to the office. I have had training in [donning and doffing] and "We get Covid-19 testing kits from the office. We test weekly."
- Regular testing for COVID-19 was available to staff if they needed it, test kits were sent to care workers every two weeks and all the results collated. Managers demonstrated good awareness of how to apply for COVID-19 home testing kits for staff and had no issues with their supply.
- The director had been involved in developing and delivering workshops for people, to try and increase the uptake of the vaccine amongst the workforce.
- Staff had received up to date infection prevention and control and COVID-19 training. There were no positive COVID-19 cases amongst any of the people using the service at the time of the inspection.

#### Learning lessons when things go wrong

- There were effective electronic systems in place to report and review any accidents and incidents. Staff could report these to the office electronically who then took any necessary steps to maintain people's safety. Care plans stated that 'staff please report to the office any falls that have occurred during the visit or any reported by the client (complete incident/accident form)'.  
● Where someone had an accident, we saw this had been reported to social services and the persons family as appropriate, with support offered to attend the GP or hospital. Other issues such as refusal of medicines had been addressed appropriately through positive working relationships with the funding local authority.

# 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 the key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, we identified staff did not always convey to us they had full knowledge to carry out their roles. Staff also told us they did not feel supported through the supervision process and that it was not always held regularly. Spot checks of staff performing their duties were also inconsistent. At this inspection we found the provider had made improvements.
- Staff confirmed they received a wide range of training. Comments included, 'The training is good, and I've really like it. It covers everything and we can always ask questions, I can ask for more training if I feel I need it, 'and, 'I have found all the training very good. The training explains things and gives a lot of detail. I can ask more senior staff things if I wasn't sure.'
- Records confirmed training covered, for example, medicines, moving and handling, safeguarding, fluid and nutrition and Mental Capacity Act 2005. Where gaps in training were identified, the registered manager had an action plan to address this. We will review this at our next inspection.
- Newly employed care workers were supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- They also received an induction to the service and a were well supported during their probationary period. This included completing a shadow shift, observing an experienced care worker, a field work observation and were also subject to a three-month probation period, at the end of which they were invited in to talk about their experience and identify any areas of improvement.
- Care workers were competency assessed in topics such as people handling assessment, infection prevention and control and medicines administration which helped to ensure they were competent and safe to do so.
- Care workers had opportunities to reflect on their working practices and professional development. Spot checks and field observations were completed where they were observed delivering care. Supervisions were also carried out.

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

- At the last inspection, relatives raised concerns that due to staff not attending calls at the correct time that this impacted on whether people received their meals throughout the day. At this inspection we identified the provider had made improvements.
- We received mixed feedback about the food provided by staff members. For example, one person told us, "I get different carers and they don't know how to make a sandwich; they don't make it how I like it." Another person said, "They've given me cold soup.' However, other comments included, "When they [staff members]

prepare food they always ask what I would like to eat." A relative told us, "They [staff members] will make meals and they do really well as he is given choices of what to eat."

- We shared our concerns with the registered manager who confirmed they would be addressing this matter with staff immediately. We will review this at our next inspection.
- Staff confirmed where agreed in people's care package, they would prepare meals for people. One staff told us, "I make sure I ask what the person would like to eat. There is one person that has [specialised dietary requirements] and cannot eat certain foods for religious reasons."

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

- At the last inspection on 14 October 2019, some people reported that they were not always assured that staff would contact the appropriate professionals if they were feeling unwell. At this inspection the provider had made improvements.
- Staff had a clear understanding of their duty in reporting any changes to people's health and wellbeing and where appropriate seeking guidance and support from healthcare professionals.
- One staff told us, "I can call for some help, [for example] the GP or an ambulance if needed. Usually it's people family that makes the medical calls."

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

- People's needs were assessed to ensure the service could effectively meet their needs. One person told us, "At the start they [the service] visited to assess my needs."
- Care plans detailed people's needs and preferences clearly and reviewed regularly to reflect people's changing needs.

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.

- People's consent to care and treatment was sought prior to being delivered.
- Staff were aware of their roles and responsibilities in line with legislation. One staff member told us, "I would ask the person before I do anything, I can't just assume what I'm doing is right, I have to ask if they are happy with me assisting them. You have to respect their views and decisions."

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection, people told us they were dissatisfied that their concerns were not always suitably addressed. At this inspection we identified the provider had taken action to address this.
- One person told us, "I would complain if I needed to but I haven't had to." Another person said, "I have complained. [The service] has listened and dealt with it."
- Staff were aware of how to respond to complaints ensuring these were passed onto the management team immediately. Records showed complaints were acknowledged, documented, investigated and a positive resolution sought. Any performance concerns raised by local authority commissioners were also addressed in this manner.

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

- People's care plans reflected the ways in which they like to be cared for. This included detailing how staff should support them during tasks and the things they could do for themselves. For example, one person's care plan stated, 'I require the care worker to prepare and serve my lunch. Heat a made meal with glass of juice or cup of tea. I will let you know my choice of meal and drink on the day'. Each care plan clearly stated the support required for each person during each call.
- Information about people's background, life history and likes/dislikes were also documented. For example, one person's plan included details about their education, occupation and current interests.
- Although not everyone we spoke with was aware of their care plan, records confirmed every person had a care plan in place.
- Staff could access care plans electronically whilst out delivering support. The care provided was documented with real time access enabled for office staff.
- A staff member said, "The care plan has all their [people's] information, health, illnesses, medication, support they need etc. all that information is in the care plan. The care plans are now on our phone, so I can review them quickly."

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 provider had a communication policy in place, which detailed the ways in which the service would ensure people understood information provided to them. For example, via audio tape, Braille, via a translator and text relay service.

- Staff were aware of how to effectively communicate with people, in a manner they preferred, for example, by speaking softly, slowly and maintaining eye contact.

#### End of life care and support

- The provider had an end of life policy in place, which staff were aware of. The policy details the level of support people may receive and how the care and support provided will be done so in line with their wishes and in line with good practice.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care. However, the provider will need to demonstrate that these improvements are sustainable over time before this key question can be rated as 'good'.

At the last inspection on 14 October 2019, we identified the provider failed to establish effective systems to assess, monitor and improve the quality and safety of the service. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At this inspection there was a new registered manager in place. People, their relatives and staff spoke positively about the management changes. Comments included, 'We have gone a long way now with the new manager. I think she's a brilliant manager and she listens, and she is ready to take direction from staff. She wants everyone's opinion and she's ready to act and solve any complaints.' And, 'The service has improved. In the past they listened but did nothing, now they listen and sort it.'
- There was a clear management structure within the service. The registered manager led a team of care coordinators and compliance staff located in the office base. The registered manager stated that they were proud of the staff team during the pandemic and how well they had worked together going 'over and above' to meet people's needs.
- At this inspection we identified audits undertaken highlighted concerns found and action was taken to mitigate repeat incidents. Audits covered, for example, medicines management, electronic call monitoring and training.
- People and staff confirmed the registered manager and management team sought their views of the service and encouraged them to feedback on the service delivery. One person told us, "They [the office] ring me to keep me up-to-date and if there are going to be any changes, they discuss it with me first." A staff member said, "[The office] do ask my view on things. So far, they call me and ask what it is, I think. They have gone through a survey with me over the phone. They do take on board things that we say."
- The service carried out regular questionnaires to gather people's views. The questionnaires covered aspects of the support people received. Where issues had been identified, management had arranged calls to discuss people's concerns with them.

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 registered manager was aware of their responsibilities under the duty of candour and demonstrated action they had taken to respond to issues identified at the last inspection.

#### Continuous learning and improving care

- Since the last inspection, the service have demonstrated they seek to continuously learn and improve the care and support people receive.
- The registered manager was clear in her message that the organisation strives to improve and that this is on-going.

#### Working in partnership with others

- The service worked closely with the local authority and other healthcare agencies to help ensure people's needs were being met. Other local agencies such as Age Concern were notified if the agency felt someone was isolated and may benefit from social support.
- The service provided cover to the local CCG covering any emergency weekend discharges from hospital once monthly.